

2011 UNIFORM BUSINESS REPORT (UBR)

0027042 AF

DOCUMENT # L99000006586

1. Entity Name
MIDATLANTIC ENERGY, LLC

FILED *W 2/8*
01 JAN 30 AM 10:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

202 SOUTH AVENUE
MEDIA PA 19063

Mailing Address

202 SOUTH AVENUE
MEDIA PA 19063
Donald J. Weiss, Esq.
6 Hillock Lane
Chadds Ford, PA 19317
Ph. # (610) 459-8074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2496051

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROUSE, JOHN M
727 VILLAGE ROAD
NORTH PALM BEACH FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000003673070--3
-02/09/01-01102--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE NAME MGRM WEISS, DONALD J ☐ Delete
STREET ADDRESS 6 HILLOCK LANE
CITY-ST-ZIP CHADD FORD PA 19317

TITLE NAME MGRM ROUSE, JOHN M ☐ Delete
STREET ADDRESS 727 VILLAGE ROAD
CITY-ST-ZIP N. PALM BEACH FL 32303

TITLE NAME MGRM MONINGHOFF, KENNETH J ☐ Delete
STREET ADDRESS 1309 POPLAR AVE.
CITY-ST-ZIP KIRKWOOD NJ 08043

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME Donald J. Weiss, Esq. ☐ Change ☐ Addition
STREET ADDRESS 6 Hillock Lane
CITY-ST-ZIP Chadds Ford, PA 19317
Ph. # (610) 459-8074

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083 (11/00)