

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003310

**Entity Name:** MID POINT PLAZA, L.L.C.

**Current Principal Place of Business:**

3616 DEL PRADO BLVD. SOUTH  
CAPE CORAL, FL 33904

**Current Mailing Address:**

294 EMERALD ACRES DRIV  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 01-0670758

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOMER, DAVID W  
294 EMERALD ACRES DRIV  
CRAWFORDVILLE, FL 32327 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	AUTHORIZED REPRESENTATIVE
Name	GOMER, DAVID W	Name	GOMER, BRIAN DAVID
Address	294 EMERALD ACRES DRIV	Address	3616 DEL PRADO SOUTH
City-State-Zip:	CRAWFORDVILLE FL 32327	City-State-Zip:	CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID GOMER

**MANAGER**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date