

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000000598

**Entity Name:** DANIEL MIDDLETON, L.L.C.

**Current Principal Place of Business:**

24893 NW BATES RD  
ALTHA, FL 32421

**Current Mailing Address:**

24893 NW BATES RD  
ALTHA, FL 32421 US

**FEI Number:** 72-1577031

**Certificate of Status Desired:** No

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

MIDDLETON, DANIEL  
24893 NW BATES RD  
ALTHA, FL 32421 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  
Name MIDDLETON, DANIEL  
Address 24893 NW BATES RD  
City-State-Zip: ALTHA FL 32421

Title MGR  
Name WIGGINS, BRIAN S  
Address 11861 NW GLORY HILL RD  
City-State-Zip: ALTHA FL 32421

Title MGR  
Name MIDDLETON, DANNY R  
Address 11843 NW GLORY HILL RD  
City-State-Zip: ALTHA FL 32421

Title MANAGER  
Name BRANDON, MIDDLETON TYLER  
Address 24893 NW BATES RD  
City-State-Zip: ALTHA FL 32421

*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:** DANIEL MIDDLETON

**MGRM**

**04/16/2016**

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

\_\_\_\_\_  
Date