

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067182

**Entity Name:** SOPHIA MCCORMICK, LLC

**Current Principal Place of Business:**

512 SOUTH BOLIVAR STREET  
CHATTAHOOCHEE, FL 32324

**Current Mailing Address:**

512 SOUTH BOLIVAR STREET  
CHATTAHOOCHEE, FL 32324

**FEI Number:** 80-0455504

**Certificate of Status Desired:** No

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

MCCORMICK, MICHAEL K  
512 S. BOLIVAR STREET  
CHATTAHOOCHEE, FL 32324 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 MGR  
Name MCCORMICK, SOPHIA  
Address 512 SOUTH BOLIVAR STREET  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title MGR  
Name MCCORMICK, MICHAEL  
Address 512 S. BOLIVAR STREET  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title AUTHORIZED MEMBER  
Name MCCORMICK, MICHAEL K  
Address 512 SOUTH BOLIVAR STREET  
City-State-Zip: CHATTAHOOCHEE FL 32324

Title AUTHORIZED MEMBER  
Name MCCORMICK, SOPHIA  
Address 512 SOUTH BOLIVAR STREET  
City-State-Zip: CHATTAHOOCHEE FL 32324

*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:** MICHAEL MCCORMICK

**MANAGING MEMBER**

**01/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date