

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038776

**Entity Name:** MIRACLE MINDSETS INSTITUTE, LLC

**Current Principal Place of Business:**

667 NAUTILUS COURT NW  
UNIT 305  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

667 NAUTILUS COURT NW  
UNIT 305  
FORT WALTON BEACH, FL 32548 US

**FEI Number:** 45-1103171

**Certificate of Status Desired:** No

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

MCQUAID, FELICIA  
667 NAUTILUS COURT NW  
UNIT 305  
FORT WALTON BEACH, FL 32548 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, OWNER	Title	MANAGER
Name	MCQUAID, FELICIA	Name	CRAWFORD, JASON
Address	947 ASHLEY LN NW #B	Address	947 ASHLEY LN NW #B
City-State-Zip:	FORT WALTON BEACH FL 32547	City-State-Zip:	FORT WALTON BEACH FL 32547

*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:** FELICIA MCQUAID

**OWNER**

**01/11/2021**

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

\_\_\_\_\_  
Date