# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that mv electronic signature shall have the same legal effect as if made und

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 DECAMELLA

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

**Current Principal Place of Business:** 

Entity Name: M&D FL REALTY GROUP, LLC

1549 SWEETSPIRE DRIVE TRINITY, FL 34655

1549 SWEETSPIRE DRIVE TRINITY, FL 34655

## FEI Number: 46-2053824

## Name and Address of Current Registered Agent:

DECAMELLA, DAVID M 1549 SWEETSPIRE DR TRINITY, FL 34655 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

## Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DECAMELLA, DAVID M	Name	CONSTANTINE, MICHAEL
Address	1549 SWEETSPIRE DRIVE	Address	1834 SWEETSPIRE DRIVE
City-State-Zip:	TRINITY FL 34655	City-State-Zip:	TRINITY FL 34655

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT	
DOCUMENT# L12000024611	

#### FILED Jan 10, 2017 Secretary of State CC0502267179

Certificate of Status Desired: No

01/10/2017 Date

Date

MGMR