

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000028714

**Entity Name:** MEA FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

746 SANTA MARIA DR  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

746 SANTA MARIA DR  
WINTER HAVEN, FL 33884

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

AGUERO, NICHOLE M  
907 VISTABULA ST  
LAKELAND, FL 33801 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 ALLEN, CLAYTON N  
Address 746 SANTA MARIA DR  
City-State-Zip: WINTER HAVEN FL 33884

Title MGR  
Name BROCK, DENNIS D  
Address 746 SANTA MARIA DR  
City-State-Zip: WINTER HAVEN FL 33884

Title MGR  
Name ELLETT, SUZANNE  
Address 746 SANTA MARIA DR  
City-State-Zip: WINTER HAVEN FL 33884

*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: CLAYTON N ALLEN**

**MGRM**

**04/24/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date