

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000030015

**Entity Name:** MUTTER STENOGRAPHY & TRANSCRIPTION, LLC

**Current Principal Place of Business:**

9581 MAURY RIVER ROAD  
GOSHEN, VA 24439

**Current Mailing Address:**

9581 MAURY RIVER ROAD  
GOSHEN, VA 24439 US

**FEI Number:** 46-2462703

**Certificate of Status Desired:** No

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

WILCOX, DENISE D  
1330 OVERLOOK TERRACE  
TITUSVILLE, FL 32780 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 WILCOX, DENISE D  
Address 9581 MAURY RIVER ROAD  
City-State-Zip: GOSHEN VA 24439

*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:** DENISE D. WILCOX

**MANAGER**

**04/13/2017**

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

\_\_\_\_\_  
Date