

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000102295

Entity Name: MIE SERVICES LLC**Current Principal Place of Business:**10017 GEESE TRAIL CIR
SUN CITY CENTER, FL 33573**Current Mailing Address:**P.O. BOX 198
PARRISH, FL 34219 US**FEI Number:** 82-4127172**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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	AUTHORIZED MEMBER, COO, MANAGER
Name	MIMS, ANTONIO MIKELE
Address	10017 GEESE TRAIL CIR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	AUTHORIZED REPRESENTATIVE
Name	LASHAWN, MIMS
Address	10017 GEESE TRAIL CIR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	AUTHORIZED REPRESENTATIVE
Name	SHAWN, MIMS
Address	10017 GEESE TRAIL CIR
City-State-Zip:	SUN CITY CENTER FL 33573

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: ANTONIO MIMS

COO

10/04/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date