

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000003738

**Entity Name:** MID-AMERICA CATASTROPHE SERVICES, LLC

**Current Principal Place of Business:**

5550 COMMERCE BLVD. E  
MOBILE, AL 36619

**Current Mailing Address:**

5550 COMMERCE BLVD. E  
MOBILE, AL 36619 US

**FEI Number:** 46-2509773

**Certificate of Status Desired:** No

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

INCorp SERVICES INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	MANAGER	Title	MANAGER
Name	STORY, STACY D	Name	MEADOWS, ZACKIE
Address	5550 COMMERCE BLVD. E	Address	5550 COMMERCE BLVD. E
City-State-Zip:	MOBILE AL 36619	City-State-Zip:	MOBILE AL 36619

*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:** STACY STORY

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date