

**2023 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.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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  
Name           STORY, STACY D  
Address        5550 COMMERCE BLVD. E  
City-State-Zip: MOBILE AL 36619

Title           MANAGER  
Name           MEADOWS, ZACKIE  
Address        5550 COMMERCE BLVD. E  
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 D STORY**

**COO/ MANAGER**

**04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date