

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004318

Entity Name: MT. PLEASANT CAPACITY AGENCY, LLC**Current Principal Place of Business:**586 COMMERCE ST.
THORNWOOD, NY 10594**Current Mailing Address:**586 COMMERCE ST.
THORNWOOD, NY 10594 US**FEI Number:** 27-5204036**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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	LULL, ROBERT G
Address	586 COMMERCE ST.
City-State-Zip:	THORNWOOD NY 10594

Title	MGR
Name	BERGSTEIN, JAY
Address	586 COMMERCE ST.
City-State-Zip:	THORNWOOD NY 10594

Title	MGR
Name	HARRIS, DAVID
Address	586 COMMERCE ST.
City-State-Zip:	THORNWOOD NY 10594

Title	MGR
Name	PICHARALLO, JOE
Address	586 COMMERCE ST.
City-State-Zip:	THORNWOOD NY 10594

Title	MGR
Name	SHALAND, KEITH
Address	586 COMMERCE ST.
City-State-Zip:	THORNWOOD NY 10594

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: DAVID HARRIS**MANAGER****01/05/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date