

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002912

**Entity Name:** LMCI FLORIDA INCORPORATED

**Current Principal Place of Business:**

4845 SW 134TH LOOP  
OCALA, FL 33547

**Current Mailing Address:**

4845 SW 134TH LOOP  
OCALA, FL 34473 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S SEMORAN BLVD, SUITE 36  
ORLANDO, FL 32822 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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            CAIN, DAVID  
Address        4845 SW 134TH LOOP  
City-State-Zip: Ocala FL 34473

Title            SECRETARY, DIRECTOR  
Name            WASSON, ROBERT  
Address        4845 SW 134TH LOOP  
City-State-Zip: Ocala FL 34473

Title            TREASURER, DIRECTOR  
Name            MOSHER, GREGGORY G  
Address        4845 SW 134TH LOOP  
City-State-Zip: Ocala FL 34473

Title            DIRECTOR  
Name            MATTHEWS, WILLIAM  
Address        4845 SW 134TH LOOP  
City-State-Zip: Ocala FL 34473

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGGORY MOSHER

**TREASURER**

01/27/2023

Electronic Signature of Signing Officer/Director Detail

Date