

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000156

Entity Name: 8770 MIDNIGHT PASS, LLC

FILED
Mar 22, 2009
Secretary of State

Current Principal Place of Business:

8764 MIDNIGHT PASS
A-401
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

3681 FOLLY QUARTER RD
ELLCOTT CITY, MD 21042 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, LAWRENCE
8764 MIDNIGHT PASS
A-401
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

HYMAN, LAWRENCE R
8764 MIDNIGHT PASS
A-401
SARASOTA, FL 34242 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: LAWRENCE R. HYMAN

03/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: HYMAN, LAWRENCE R
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

Title: M () Delete
Name: HYMAN, LOIS W
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

ADDITIONS/CHANGES:

Title: DR. (X) Change () Addition
Name: HYMAN, LAWRENCE R
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

Title: MRS. (X) Change () Addition
Name: HYMAN, LOIS W
Address: 3681 FOLLY QUARTER RD
City-St-Zip: ELLCOTT CITY, MD 21042

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LAWRENCE R. HYMAN

DR.

03/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date