

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000156

Entity Name: 8770 MIDNIGHT PASS, LLC

**FILED**  
**Mar 20, 2011**  
**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 (X)

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: HYMAN, LAWRENCE R  
Address: 3681 FOLLY QUARTER RD  
City-St-Zip: ELLICOTT CITY, MD 21042

Title: MRS.  
Name: HYMAN, LOIS W  
Address: 3681 FOLLY QUARTER RD  
City-St-Zip: ELLICOTT CITY, MD 21042

I hereby 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.

03/20/2011

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