

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000156

**Entity Name:** 8770 MIDNIGHT PASS, LLC

**Current Principal Place of Business:**

8764 MIDNIGHT PASS  
A-401  
SARASOTA, FL 34242

**Current Mailing Address:**

3681 FOLLY QUARTER RD  
ELLCOTT CITY, MD 21042 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

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

*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:** LAWRENCE R. HYMAN

**MANAGINGPARTNER**

**02/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date