that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

8764 MIDNIGHT PASS

A-401 SARASOTA, FL 34242

Current Mailing Address:

DOCUMENT# L0500000156

3681 FOLLY QUARTER RD ELLICOTT CITY, MD 21042 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

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

SIGNATURE: Electronic Signature of 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.

Authorized Person(s) Detail :

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

Entity Name: 8770 MIDNIGHT PASS, LLC

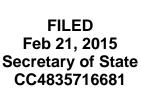
Current Principal Place of Business:

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: Yes

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

SIGNATURE: LAWRENCE R. HYMAN



Date

Date

02/21/2015 MANAGINGPARTNER