

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
ELLICOTT 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: ELLICOTT CITY MD 21042

Title MRS.
Name HYMAN, LOIS W
Address 3681 FOLLY QUARTER RD
City-State-Zip: ELLICOTT 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