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.

OWNER

SIGNATURE: LAWRENCE R HYMAN

Electronic Signature of Signing Authorized Person(s) Detail

8764 MIDNIGHT PASS		
A-401		

Entity Name: 8770 MIDNIGHT PASS, LLC

Current Principal Place of Business:

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

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			03/31/2024
		Electronic Signature of Registered Agent			Date
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	

Certificate of Status Desired: Yes

2936034753CC

FILED Mar 31, 2024

Secretary of State

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

03/31/2024

Date