# 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

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

03/03/2018

Date

# DOCUMENT# L0500000156

2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

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

HYMAN, LAWRENCE R 8764 MIDNIGHT PASS A-401 SARASOTA, FL 34242 US FILED Mar 03, 2018 Secretary of State CR7925493395

Certificate of Status Desired: Yes

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	E LAWRENCE R HYMAN			03/03/2018
	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	