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

Entity Name: 8770 MIDNIGHT PASS II, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Current Principal Place of Business:

8764 MIDNIGHT PASS A-401 SARASOTA, FL 34242

## **Current Mailing Address:**

DOCUMENT# L0500000158

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 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	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		

Date

03/31/2024