

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001719

Entity Name: MAGNOLIA VILLAGE LLC

Current Principal Place of Business:

1013 NORTH EAST 14TH STREET
OCALA, FL 34470

Current Mailing Address:

PO BOX 304
CALVERTON, NY 11933

FEI Number: 20-2121830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARKEY, JAMES
1013 NORTH EAST 14TH STREET
OCALA, FL 34470 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 MGRM
Name SHARKEY, JAMES
Address 1013 NORTH EAST 14TH STREET
City-State-Zip: Ocala FL 34470

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: JAMES SHARKEY

MGM

05/01/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date