

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000091177

**Entity Name:** 6266 MIDNIGHT PASS, LLC

**Current Principal Place of Business:**

120 N GLENHURST  
BLOOMFIELD VILLAGE, MI 48301

**Current Mailing Address:**

120 N GLENHURST  
BLOOMFIELD VILLAGE, MI 48301 US

**FEI Number:** 46-0638840

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name LAVENS, KAREN  
Address 120 N GLENHURST  
City-State-Zip: BLOOMFIELD VILLAGE MI 48301

*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: KAREN LAVENS**

**MANAGER**

**02/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date