

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000142444

**Entity Name:** MAGNOLIAWAY MANAGEMENT LLC

**Current Principal Place of Business:**

8440 SE 16TH TERR.  
OCALA, FL 34480

**Current Mailing Address:**

8440 SE 16TH TERR.  
OCALA, FL 34480

**FEI Number:** 47-2566118

**Certificate of Status Desired:** No

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

TURNER, CRAIG W  
618 SE 17TH ST.  
OCALA, FL 34471 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 HOLLOWAY, MICHAEL  
Address 8440 SE 16TH TERR.  
City-State-Zip: Ocala FL 34480

Title MGRM  
Name HOLLOWAY, KATHRYN  
Address 8440 SE 16TH TERR  
City-State-Zip: Ocala FL 34480

*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:** MICHAEL HOLLOWAY

**MANAGER**

**03/15/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date