

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000103177

**Entity Name:** 5 SISTERS BLUES CAFE, LLC

**Current Principal Place of Business:**

226 PALAFOX PLACE  
11TH FLOOR  
PENSACOLA, FL 32502

**Current Mailing Address:**

PO BOX 710  
PENSACOLA, FL 32591

**FEI Number:** 47-4341296

**Certificate of Status Desired:** No

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

REYNOLDS, TRACY A  
226 PALAFOX PLACE  
11TH FLOOR  
PENSACOLA, FL 32502 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 BAYFRONT PARKWAY, LLC  
Address 226 PALAFOX PLACE, 11TH FLOOR  
City-State-Zip: PENSACOLA FL 32502

Title MGR  
Name NDIONE, JEAN P  
Address 226 PALAFOX PLACE 11TH FLOOR  
City-State-Zip: PENSACOLA FL 32502

Title MGR  
Name JOHNSON, CECIL C  
Address 226 PALAFOX PLACE 11TH FLOOR  
City-State-Zip: PENSACOLA FL 32502

*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:** NDIONE , JEAN P

**MANAGING MEMBER**

**04/25/2017**

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

\_\_\_\_\_  
Date