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.

MANAGER

SIGNATURE: J. COLLIER MERRILL

Electronic Signature of Signing Authorized Person(s) Detail

2016 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

### Name and Address of Current Registered Agent:

REYNOLDS, TRACY A 226 PALAFOX PLACE 11TH FLOOR PENSACOLA, FL 32502 US FILED Apr 12, 2016 Secretary of State CC8361514628

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BAYFRONT PARKWAY, LLC	Name	NDIONE, JEAN P
Address	226 PALAFOX PLACE, 11TH FLOOR	Address	226 PALAFOX PLACE 11TH FLOOR
City-State-Zip:	PENSACOLA FL 32502	City-State-Zip:	PENSACOLA FL 32502
Title	MGR		
Title Name	MGR JOHNSON, CECIL C		
Name	JOHNSON, CECIL C		

\_\_\_\_\_

Date

04/12/2016

Date