

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000223721

**Entity Name:** MHP BAYONET GARDENS MEMBER, LLC**Current Principal Place of Business:**601 BRICKELL KEY DR STE 700  
MIAMI, FL 33131**Current Mailing Address:**601 BRICKELL KEY DR STE 700  
MIAMI, FL 33131 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 CEO  
Name SHEAR, CHRISTOPHER  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title MGR/V  
Name LEE, KENNETH  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title MBR  
Name SHEAR HOLDING, LLC  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title MBR  
Name ARCHIPIELAGO HOUSING, LLC  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title MGR/P  
Name MCDOWELL, WILLIAM P  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title T  
Name KOSLOSKY, CHUCK  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

Title MBR  
Name W. PATRICK MCDOWELL 2001 TRUST  
Address 601 BRICKELL KEY DR STE 700  
City-State-Zip: MIAMI FL 33131

*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:** CHRISTOPHER SHEAR

MANAGER

08/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date