

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007050

Entity Name: OPA-LOCKA BMI, LLC

Current Principal Place of Business:

C/O OPA-LOCKA COMMUNITY DEVELOPMENT
490 OPA-LOCKA BLVD., SUITE 20
OPA-LOCKA, FL 33054

Current Mailing Address:

C/O OPA-LOCKA COMMUNITY DEVELOPMENT
490 OPA-LOCKA BLVD., SUITE 20
OPA-LOCKA, FL 33054

FEI Number: 20-0623560

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS-BALDWIN, STEPHANIE
490 OPA-LOCKA BLVD STE 20
OPA LOCKA, FL 33054 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 | Title | MGR |
| Name | LOGAN, WILLIE | Name | WILLIAMS-BALDWIN, STEPHANIE |
| Address | 490 OPA-LOCKA BLVD STE 20 | Address | 490 OPA-LOCKA BLVD STE 20 |
| City-State-Zip: | OPA LOCKA FL 33054 | City-State-Zip: | OPA LOCKA FL 33054 |

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: STEPHANIE WILLIAMS-BALDWIN

MGR

01/15/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date