

2017 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
Name LOGAN, WILLIE
Address 490 OPA-LOCKA BLVD STE 20
City-State-Zip: OPA LOCKA FL 33054

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

Title MANAGING MEMBER
Name OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION
Address CO OPA-LOCKA COMMUNITY DEVELOPMENT
490 OPA-LOCKA BLVD., SUITE 20
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

SR. VICE PRESIDENT

02/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date