

**2014 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:** WILLIE LOGAN

**PRESIDENT/CEO**

**02/26/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date