

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000082016

**Entity Name:** MYRNA, LLC

**Current Principal Place of Business:**

1700 SOUTH MACDILL STREET STE 240  
TAMPA, FL 33629

**Current Mailing Address:**

1700 SOUTH MACDILL STREET STE 240  
TAMPA, FL 33629

**FEI Number:** 20-3330682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAAG, MYRNA  
1700 SOUTH MACDILL STREET STE 240  
TAMPA, FL 33629 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 HAAG, MYRNA  
Address 1700 SO. MACDILL STREET, SUITE  
240  
City-State-Zip: TAMPA FL 33629

*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:** MYRNA HAAG

**PRESIDENT**

**03/20/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date