

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000035212

**Entity Name:** MAGNOLIA PARK-GAINESVILLE, LLC

**Current Principal Place of Business:**

2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606 US

**FEI Number:** 20-8827160

**Certificate of Status Desired:** No

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

THUR DE KOOS, PAUL  
2627 NW 43RD STREET  
SUITE 300  
GAINESVILLE, FL 32606 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 AUTHORIZED MEMBER  
Name SWANN, STEVE  
Address 332 THIRD STREET  
City-State-Zip: JACKSONVILLE FL 32233

Title AUTHORIZED MEMBER  
Name THUR DE KOOS, PAUL  
Address 11390 SW 27TH AVENUE  
City-State-Zip: GAINESVILLE FL 32608

Title MGR  
Name THUR DE KOOS, PAUL  
Address 11390 SW 27TH AVE  
City-State-Zip: GAINESVILLE FL 32608

*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:** PAUL THUR DE KOOS

RA

03/28/2019

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

\_\_\_\_\_  
Date