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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

MGRM

SIGNATURE: VALERIA DOLCIMASCOLO

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L11000062232

Entity Name: 9200 LYNDALE AVENUE - BLOOMINGTON MN, LLC

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

7154 NORTH UNIVERSITY DR 271 TAMARAC, FL 33321

Current Mailing Address:

7154 NORTH UNIVERSITY DR 271 TAMARAC, FL 33321 US

FEI Number: 45-2402481

Name and Address of Current Registered Agent:

DOLCIMASCOLO, VALERIA 7154 N UNIVERSITY DRIVE #271 TAMARAC, FL 33321 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DOLCIMASCOLO, VALERIA	Name	LEEPER, KATHRYN
Address	7154 N UNIVERSITY DRIVE #271	Address	7154 N UNIVERSITY DRIVE #271
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321

Certificate of Status Desired: No

FILED Apr 05, 2013 Secretary of State CC2227906705

> 04/05/2013 Date

Date