

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129803

**Entity Name:** MAGNOLIA NORTH ALI BABA PLAZA LLC

**Current Principal Place of Business:**

490 OPA LOCKA BLVD  
SUITE 20  
OPA LOCKA, FL 33054

**Current Mailing Address:**

490 OPA LOCKA BLVD  
SUITE 20  
OPA LOCKA, FL 33054 US

**FEI Number:** 46-1191868

**Certificate of Status Desired:** Yes

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

OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION  
490 OPA LOCKA BLVD  
SUITE 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:** STEPHANIE WILLIAMS-BALDWIN

01/30/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            LOGAN, WILLIE  
Address        490 OPA LOCKA BLVD  
                  SUITE 20  
City-State-Zip: OPA LOCKA FL 33054

Title            MANAGING MEMBER  
Name            OPA-LOCKA COMMUNITY  
                  DEVELOPMENT CORPORATION  
Address        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:** LILLIAM JARQUIN

MANAGING MEMBER

01/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date