

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000156725

**Entity Name:** 7999 ORANGE BLOSSOM, LLC

**Current Principal Place of Business:**

8214 WESTCHESTER DRIVE, SUITE 550  
DALLAS, TX 75225

**Current Mailing Address:**

8214 WESTCHESTER DRIVE, SUITE 550  
DALLAS, TX 75225 US

**FEI Number:** 46-4116077

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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           | MGR                                  | Title           | MGR                                  |
| Name            | MACMAHON, DOUGLAS M                  | Name            | PARKS, ROBERT I III                  |
| Address         | 8214 WESTCHESTER DRIVE, SUITE<br>550 | Address         | 8214 WESTCHESTER DRIVE, SUITE<br>550 |
| City-State-Zip: | DALLAS TX 75225                      | City-State-Zip: | DALLAS TX 75225                      |

*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:** DOUGLAS M. MACMAHON

**MANAGER**

**01/20/2020**

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

\_\_\_\_\_  
Date