

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000147601

**Entity Name:** OHANA 7 "LLC"**Current Principal Place of Business:**25 N GROVE ST  
MERRITT ISLAND, FL 32953**Current Mailing Address:**25 N GROVE ST  
MERRITT ISLAND, FL 32953**FEI Number:** 47-1895063**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**OHANA PET RESORT  
445 NORA AVE  
MERRITT ISLAND, FL 32952 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:** ROBIN ANDREWS

01/09/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR.  
Name ANDREWS, ROBIN  
Address 445 NORA AVE  
City-State-Zip: MERRIT ISLAND FL 32952

Title MGR.  
Name ANDREWS, DENNIS  
Address 445 NORA AVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title OFFICE MANAGER  
Name ANDREWS, REBECCA SUE  
Address 445 NORA AVE  
City-State-Zip: MERRITT ISLAND FL 32952

Title YARD MANAGER  
Name ANDREWS, DONALD LEE  
Address 35 N.GROVE ST  
City-State-Zip: MERRITT ISLAND FL 32953

Title OFFICE MANAGER  
Name KAYLA, ANDREWS ELYSE  
Address 445 NORA AVE  
City-State-Zip: MERRITT ISLAND FL 32952

*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:** ROBIN ANDREWS

OWNER/MANAGER

01/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date