

2019 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
25 N GROVE ST
MERRITT ISLAND, FL 32953 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

04/26/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR.
Name ANDREWS, ROBIN
Address 165 RIVERCLIFF LN
City-State-Zip: MERRIT ISLAND FL 32952

Title MGR.
Name ANDREWS, DENNIS
Address 165 RIVERCLIFF LN
City-State-Zip: MERRITT ISLAND FL 32952

Title OFFICE MANAGER
Name ANDREWS, REBECCA SUE
Address 165 RIVERCLIFF LN
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 39 SCOTT LN
City-State-Zip: ROCKLEDGE FL 32955

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

MANAGER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date