

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179872

**Entity Name:** MAGNOLIA BEATLE LLC

**Current Principal Place of Business:**

23421 WALDEN CENTER DRIVE  
SUITE #300  
BONITA SPRINGS, FL 34134

**FILED**  
**Mar 12, 2015**  
**Secretary of State**  
**CC7033394398**

**Current Mailing Address:**

23421 WALDEN CENTER DRIVE  
SUITE #300  
BONITA SPRINGS, FL 34134

**FEI Number:** 47-2375555

**Certificate of Status Desired:** No

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

DENTI, KEVIN A ESQ.  
2180 IMMOKALEE ROAD  
SUITE 316  
NAPLES, FL 34110 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            AMBR  
Name            HAGENBUCKLE, WALTER S  
Address        23421 WALDEN CENTER DRIVE,  
                  SUITE #300  
City-State-Zip: BONITA SPRINGS FL 34134

Title            AMBR  
Name            GRAY, ROBERT  
Address        23421 WALDEN CENTER DRIVE,  
                  SUITE #300  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** WALTER S. HAGENBUCKLE

**MGR**

**03/12/2015**

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

\_\_\_\_\_  
Date