

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000182804

Entity Name: BLUE MAGNOLIA LLC

Current Principal Place of Business:

5300 WEST CYPRESS STREET
SUITE 200
TAMPA, FL 33607

Current Mailing Address:

5300 WEST CYPRESS STREET
SUITE 200
TAMPA, FL 33607

FEI Number: 35-2552729

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, SHAWN
5300 WEST CYPRESS STREET
SUITE 200
TAMPA, FL 33607 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
Name BLUE MAGNOLIA M LLC
Address 5300 WEST CYPRESS STREET SUITE
200
City-State-Zip: TAMPA FL 33607

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: SHAWN WILSON

MANAGER

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date