

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000221399

Entity Name: 6342 MIDNIGHT PASS #321, LLC

Current Principal Place of Business:

5129 OXFORD DRIVE
SARASOTA, FL 34242

Current Mailing Address:

5129 OXFORD DRIVE
SARASOTA, FL 34242 US

FEI Number: 81-4632422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOBECK, PATRICIA S
5129 OXFORD DRIVE
SARASOTA, FL 34242 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 BOBECK, PATRICIA S
Address 5129 OXFORD DRIVE
City-State-Zip: SARASOTA FL 34242

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: PATRICIA S. BOBECK

MGT

02/12/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date