

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000169666

**Entity Name:** MAGI TRUST, LLC

**Current Principal Place of Business:**

4700 MILLENIA BLVD STE 400  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD STE 400  
ORLANDO, FL 32839 US

**FEI Number:** 82-2436223

**Certificate of Status Desired:** No

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

NEUKAMM, MICHAEL E  
301 E. PINE ST STE 1400  
ORLANDO, FL 32801 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           MANAGER  
Name           AVALLONE, THOMAS  
Address        4700 MILLENIA BLVD STE 400  
City-State-Zip: ORLANDO FL 32839

Title           MANAGER  
Name           WISSMAN, BARRETT  
Address        P.O. BOX 191126  
City-State-Zip: DALLAS TX 75219

*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:** THOMAS AVALLONE

**MANAGER**

**03/07/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date