

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000040308

**Entity Name:** CAROLYN A. OLK LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

650 BROOKHAVEN WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

533 EGLIN PARKWAY NE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

650 BROOKHAVEN WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

128 PAA KO DR.  
SANDIA PARK, NM 87047

**FEI Number:** 27-2345829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAVENS, JASON E  
4481 LEGENDARY DRIVE  
SUITE 204  
DESTIN, FL 32541 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLK, CAROLYN  
Address: 128 PAA KO DR.  
City-St-Zip: SANDIA PARK, NM 87047

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CAROLYN A. OLK

MGRM

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date