

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000000075

Entity Name: OLMHP, L.L.C.

**Current Principal Place of Business:**

1650 NORTH HERCULES AVE  
SUITE N  
CLEARWATER, FL 33765

**Current Mailing Address:**

PO BOX 1732  
LARGO, FL 33779-1732

FEI Number: 26-2352268

Certificate of Status Desired: No

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

ALLI, DEAN C  
1650 NORTH HERCULES AVE  
SUITE N  
CLEARWATER, FL 33765 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 ALLI, DEAN  
Address 3425 ROCHELLE COURT  
City-State-Zip: CLEARWATER FL 33761

Title AMGR  
Name ALLI, PAULETTE  
Address 331 VENTURA DRIVE  
City-State-Zip: OLDSMAR FL 34677

*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: DEAN ALLI

MRM

01/07/2017

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

\_\_\_\_\_  
Date