

**2018 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        3015 BROOKFIELD LANE  
City-State-Zip: CLEARWATER FL 33761

Title            AMGR  
Name            ALLI, PAULETTE  
Address        2965 BROOKFIELD LANE  
City-State-Zip: CLEARWATER FL 33761

*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

**MANAGER**

**01/15/2018**

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

\_\_\_\_\_  
Date