

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019076

**Entity Name:** MHO, LLC

**Current Principal Place of Business:**

4343 ANCHOR PLAZA PARKWAY SUITE 200  
TAMPA, FL 33634

**Current Mailing Address:**

3 EASTON OVAL  
SUITE 500  
COLUMBUS, OH 43219

**FEI Number:** 31-1210837

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 S  
Name MASON, J. THOMAS  
Address 3 EASTON OVAL SUITE 500  
City-State-Zip: COLUMBUS OH 43219  
  
Title CEO  
Name SCHOTTENSTEIN, ROBERT H  
Address 3 EASTON OVAL, SUITE 500  
City-State-Zip: COLUMBUS OH 43219

Title P  
Name SIKORSKI, FRED  
Address 4343 ANCHOR PLAZA PARKWAY,  
SUITE 200  
City-State-Zip: TAMPA FL 33634

*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:** J. THOMAS MASON

**SECRETARY**

**04/11/2017**

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

\_\_\_\_\_  
Date