

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093479

**Entity Name:** OG4 HOLDINGS, LLC

**Current Principal Place of Business:**

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

13051 BEACH BOULEVARD  
STE 300  
JACKSONVILLE, FL 32246 US

**FEI Number:** 20-2067854

**Certificate of Status Desired:** No

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

COMBS, ROGER L  
13051 BEACH BLVD.  
SUITE 300  
JACKSONVILLE, FL 32246 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 MGRM  
Name COMBS, ROGER  
Address 2473 DEN STREET  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MGRM  
Name COMBS, DONALD  
Address 3870 COASTAL HIGHWAY  
City-State-Zip: ST. AUGUSTINE FL 32084

Title MGRM  
Name THOMPSON, RICHARD  
Address 1171 BEACH BLVD  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM  
Name HUTTO, MICHAEL T  
Address 3409 LANDFALL LANE WEST  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** ROGER COMBS

MGMT

01/13/2015

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

\_\_\_\_\_  
Date