

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102511

**Entity Name:** OLCO 2, LLC

**Current Principal Place of Business:**

C/O BERJAN COLLIN  
356 E. MIDWAY ROAD  
FORT PIERCE, FL 34982

**Current Mailing Address:**

C/O BERJAN COLLIN  
356 E.MIDWAY RD  
FORT PIERCE, FL 34982 US

**FEI Number:** 26-1330959

**Certificate of Status Desired:** No

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

FOWLER, M. D. PRES.  
THE ESTATE, TRUST & ELDER LAW FIRM, P.L.  
240 N.W. PEACOCK BLVD., SUITE 102  
PORT ST. LUCIE, FL 34986 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 COLLIN, JACQUES  
Address 365 EAST MIDWAY ROAD  
City-State-Zip: FT. PIERCE FL 34982  
  
Title MGRM  
Name COLLIN, BERJAN TRUSTEE  
Address 6630 SW GATOR TRAIL  
City-State-Zip: PALM CITY FL 34990

Title MGRM  
Name COLLIN, ELIZABETH  
Address 365 EAST MIDWAY ROAD  
City-State-Zip: FT. PIERCE FL 34982

*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:** JACQUES COLLIN

MGR

03/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date