

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000118830

Entity Name: OLPVC, LLC**Current Principal Place of Business:**111 NATURE WALK PARKWAY
SUITE 104
ST. AUGUSTINE, FL 32092**Current Mailing Address:**111 NATURE WALK PARKWAY
SUITE 104
ST. AUGUSTINE, FL 32092 US**FEI Number:** 26-1482894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANNON, GARY F
2700 UNIVERSITY BLVD W
STE A2
JACKSONVILLE, FL 32217 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:** GARY F HANNON

04/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	HUTSON, DAVID W
Address	111 NATURE WALK PARKWAY SUITE 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	VICE PRESIDENT
Name	METCALF, JOHN G
Address	111 NATURE WALK PARKWAY SUITE 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	SECRETARY
Name	HUTSON, NANCY A
Address	111 NATURE WALK PARKWAY SUITE 104
City-State-Zip:	ST. AUGUSTINE FL 32092

Title	VICE PRESIDENT
Name	DAVIDSON, JAMES E JR.
Address	111 NATURE WALK PARKWAY SUITE 104
City-State-Zip:	ST. AUGUSTINE FL 32092

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: NANCY A. HUTSON**SECRETARY**

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date