

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037583

Entity Name: OLEY FAMILY OF FLORIDA, LLC

Current Principal Place of Business:

8000 HEALTH CENTER BLVD.
SUITE 150
BONITA SPRINGS, FL 34135

Current Mailing Address:

8000 HEALTH CENTER BLVD.
SUITE 150
BONITA SPRINGS, FL 34135 US

FEI Number: 30-0493602

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HL STATUTORY AGENT, INC.
800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 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	Title	MGRM
Name	OLEY, WILLIAM III	Name	OLEY, BRETT
Address	P. O. BOX 1470	Address	835 REEF POINT CIRCLE
City-State-Zip:	RED LODGE MT 59068	City-State-Zip:	NAPLES FL 34108

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: OLEY , BRETT

MGRM

03/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date