

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115556

Entity Name: OLF SECTION 15 LAND COMPANY, LLC**Current Principal Place of Business:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222**Current Mailing Address:**500 NORTH HURSTBOURNE PARKWAY
SUITE 400
LOUISVILLE, KY 40222 US**FEI Number:** 26-3933339**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 PRESIDENT & MANAGER
Name LAVIN, BRIAN F
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

Title CHAIRMAN
Name NICHOLS, J. D
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & TREASURER
Name PITCHFORD, DAVID B
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP & SECRETARY
Name TAFEL, ROSANN D
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

Title EXECUTIVE VICE PRESIDENT
Name WELLS, GREGORY A
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

Title SENIOR VP
Name MITCHELL, NEIL A
Address 500 NORTH HURSTBOURNE
 PARKWAY
 SUITE 400
City-State-Zip: LOUISVILLE KY 40222

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: ROSANN D. TAFEL**SECRETARY****05/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date