

**2024 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****04/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date