

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000141196

**Entity Name:** OLDIELOX, LLC

**Current Principal Place of Business:**

4845 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156

**Current Mailing Address:**

4845 HAMMOCK LAKE DRIVE  
CORAL GABLES, FL 33156

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133-5408 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  
Name WHITMAN, RANDALL  
Address 4845 HAMMOCK LAKE DRIVE  
City-State-Zip: CORAL GABLES FL 33156

*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:** RANDALL A WHITMAN

**MANAGER**

**04/14/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date