## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000136993

Entity Name: OGLETHORPE OF ST. CLOUD, LLC

**Current Principal Place of Business:** 

201 N. FRANKLIN STREET **SUITE 1910** TAMPA, FL 33602

**Current Mailing Address:** 

201 N. FRANKLIN STREET **SUITE 1910** 

TAMPA FL 33602 US

FEI Number: 46-3775815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL 625 COURT STREET STE 200 CLEARWATER, FL 33756 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

**FILED** Mar 22, 2017

**Secretary of State** 

CC1353263616

Authorized Person(s) Detail:

Title MGR Title MGR

COHEN, ROBERT M PICCIANO, JOHN R Name Name

Address 201 N. FRANKLIN STREET Address 201 N. FRANKLIN STREET

> **SUITE 1910 SUITE 1910**

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip:

Title MGR

O'SHEA, JAMES E Name

201 N. FRANKLIN STREET Address

**SUITE 1910** 

TAMPA FL 33602 City-State-Zip:

SIGNATURE: JAMES E. O'SHEA

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.

Electronic Signature of Signing Authorized Person(s) Detail

**MGR** 

03/22/2017