# 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000150795

Entity Name: 823 NORTH OLIVE, LLC

## **Current Principal Place of Business:**

980 NORTH LAKE WAY PALM BEACH, FL 33480

#### **Current Mailing Address:**

P.O. BOX 1088 PALM BEACH, FL 33480

# **FEI Number: APPLIED FOR**

## Name and Address of Current Registered Agent:

LESLIE ROBERT EVANS AND ASSOCIATES, P.A. 214 BRAZILIAN AVENUE SUITE 200 PALM BEACH, FL 33480 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

### Authorized Person(s) Detail :

TitleMGRNameHARUVI, ABEAddressP.O. BOX 1088City-State-Zip:PALM BEACH FL 33480

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: ABE HARUVI	MEMBER	04/21/2015
Electronic Signature of Signing Authorized Person(s) Detail		Date

Apr 21, 2015 Secretary of State CC8749988478

FILED

Certificate of Status Desired: Yes

Date