

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000052076

**Entity Name:** MOUNT OLIVE I, LLC

**Current Principal Place of Business:**

133 STRAWBERRY LANE  
ST.JOHNS, FL 32259

**Current Mailing Address:**

133 STRAWBERRY LANE  
ST.JOHNS, FL 32259

**FEI Number:** 46-5138335

**Certificate of Status Desired:** No

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

JOHNSON, KEITH H ESQ  
8810 GOODBY'S EXECUTIVE DRIVE STE A  
JACKSONVILLE, FL 32217 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 MGR  
Name GUTHMILLER, GERRALD F  
Address 133 STRAWBERRY LANE  
City-State-Zip: ST.JOHNS FL 32259

Title MEMB  
Name GONZALEZ MATEO, CARLOS A  
Address 133 STRAWBERRY LANE  
City-State-Zip: ST.JOHNS FL 32259

Title MEMB  
Name GUTHMILLER, GERRALD F  
Address 133 STRAWBERRY LANE  
City-State-Zip: ST.JOHNS FL 32259

*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:** GERRALD F GUTHMILLER

MANAGER

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date