

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000139494

**Entity Name:** OLYMPUS 1212, LLC

**Current Principal Place of Business:**

501 GOLDEN ISLES DRIVE  
SUITE 203  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

501 GOLDEN ISLES DRIVE  
SUITE 203  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 15-0001394

**Certificate of Status Desired:** No

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

BECHERANO, ROBERTO  
501 GOLDEN ISLES DRIVE  
SUITE 203  
HALLANDALE BEACH, FL 33009 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 BECHERANO, ROBERTO  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name CAPUANO, VICTORIA  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name BECHERANO, SALVADOR  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGR  
Name BECHERANO, EUGENIA  
Address 501 GOLDEN ISLES DRIVE  
SUITE 203  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** ROBERTO BECHERANO

MGR

01/23/2018

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

\_\_\_\_\_  
Date