

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000127971

**Entity Name:** DDA - OCOF, LLC

**Current Principal Place of Business:**

1215 N FRANKLIN STREET  
TAMPA, FL 33602

**Current Mailing Address:**

1215 N FRANKLIN STREET  
TAMPA, FL 33602

**FEI Number:** 81-3080382

**Certificate of Status Desired:** No

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

ARNOLD, BOWEN A  
1215 N FRANKLIN STREET  
TAMPA, FL 33602 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 ARNOLD, BOWEN A  
Address 1215 N FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

Title MGR  
Name SCHILLING, JOHN M  
Address 1215 N FRANKLIN STREET  
City-State-Zip: TAMPA FL 33602

*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:** BOWEN ARNOLD

**MANAGER**

**03/06/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date