

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000229400

Entity Name: L.M. OLIVE, LLC

Current Principal Place of Business:

135 NE FRALEIGH DR.
MADISON, FL 32340

Current Mailing Address:

135 NE FRALEIGH DR.
MADISON, FL 32340

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C. LUTHER PICKELS & ASSOCIATES, LLC
825 E. DOGWOOD ST.
MONTICELLO, FL 32344 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 OLIVE, LARRY M
Address 135 NE FRALEIGH DR.
City-State-Zip: MADISON FL 32340

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: LARRY OLIVE

MGR

04/27/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date