## **2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002612

Entity Name: OLIVINE, LLC

FILED
Apr 20, 2018
Secretary of State
CC8239331998

# **Current Principal Place of Business:**

C/O FOREST PROPERTIES MANAGEMENT, INC.

625 MT AUBURN ST 210 CAMBRIDGE, MA 02138

# **Current Mailing Address:**

C/O FOREST PROPERTIES MANAGEMENT, INC. 625 MT AUBURN ST 210 CAMBR4IDEG, MA 02138 US

FEI Number: 27-2267501 Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 JAL OLIVINE, LLC
Address 625 MT AUBURN ST

210

City-State-Zip: CAMBRIDGE MA 02138

SIGNATURE: JENNIFER MCCART

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.

Electronic Signature of Signing Authorized Person(s) Detail

CONTROLLER

04/20/2018

Date