

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90221 009 \*\*\*\*50.00

DOCUMENT # L01000000075

1. Entity Name

OLMHP, L.L.C.



Principal Place of Business  
12344 SEMINOLE BLVD  
LARGO FL 33778

Mailing Address  
PO BOX 1732  
LARGO FL 33779-1732



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLI, DEAN C  
11625 WALSINGHAM ROAD  
LARGO FL 34648

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
ALLI, DEAN  
11625 WALSINGHAM RD.  
LARGO FL 33778 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
mbr  
DEAN ALLI  
1672 FIELD FARE COURT  
DUNEDIN, FL 34698 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
AMGR  
ALLI, PAULETTE  
11625 WALSINGHAM RD.  
LARGO FL 33778 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
AMGR  
PAULETTE ALLI  
1672 FIELD FARE COURT  
DUNEDIN, FL 34698 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Dean Alli

2-5-07

727-434-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #