

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 3:29

DOCUMENT # L01000906537

1. Entity Name
OHC, LLC



Principal Place of Business
1970 GOLF STREET
SARASOTA, FL 34236

Mailing Address
1970 GOLF STREET
SARASOTA, FL 34236

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

10252007

REIN-LLC

CR2E101 (1/07)

4. FEI Number
65-1104069

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERGESON, JAMES O JR ESQ
1970 GOLF STREET
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME BROWN, RICHARD H
STREET ADDRESS 1970 GOLF STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Delete
NAME CHU, LUIS
STREET ADDRESS 1970 GOLF ST.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Delete
NAME AUDEH, JAMEEL
STREET ADDRESS 1970 GOLF STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE MGRM ☐ Delete
NAME SILVER, CARYN
STREET ADDRESS 1970 GOLF STREET
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500112597459
11/27/07--01018--008 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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REINSTATEMENT 2007

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

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

11/16/07

Date

941-957-7000

Daytime Phone #