## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000075160

Entity Name: OLAX LLC

**FILED** Apr 25, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3551 ROSSLARE LANE 2058 E. EDGEWOOD DRIVE LAKELAND, FL 33803

SUITE C

LAKELAND, FL 33803

**Current Mailing Address: New Mailing Address:** 

2058 E. EDGEWOOD DRIVE 3551 ROSSLARE LANE LAKELAND, FL 33803

SUITE C

LAKELAND, FL 33803

FEI Number: 20-1761714 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AJA, OCTAVIANO L AJA, OCTAVIANO L 3551 ROSSLARE LANE 2058 E. EDGEWOOD DRIVE LAKELAND, FL 33803 US SUITE C

LAKELAND, FL 33803 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: 04/25/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition

AJA, OCAVIANO L AJA, OCTAVIANO L Name: Name: Address: 3551 ROSSLARE LANE Address: 2058 E. EDGEWOOD DRIVE, SUITE C

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803

Title: MGR Title: MGR (X) Change ( ) Addition () Delete

Name: AJA, ELINA M Name: AJA, ELINA M

Address: 3551 ROSSLARE LANE Address: 2058 E. EDGEWOOD DRIVE, SUITE C

City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: OCTAVIANO AJA 04/25/2007