## 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000088744

Entity Name: OLYMPIA INVESTMENT GROUP, LLC

FILED Apr 26, 2011 Secretary of State

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

100 MAIN STREET SUITE 206

SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

100 MAIN STREET SUITE 206

SAFETY HARBOR, FL 34695 US

FEI Number: 20-1991548 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:

SLOMKA, HOWARD P 100 MAIN STREET SUITE 206

SAFETY HARBOR, FL 34695 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

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM

 Name:
 TOULOUMIS, WILLIAM E

 Address:
 100 MAIN STREET - SUITE 206

 City-St-Zip:
 SAFETY HARBOR, FL 34695 US

Title: AMGR

 Name:
 TOULOUMIS, GEORGE E

 Address:
 100 MAIN STREET - SUITE 206

 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: AMGR

Name: TOULOUMIS, JOHN E
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34696

Title: AMGR

Name: TOULOUMIS, FRANK E

Address: 100 MAIN STREET - SUITE 206 City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR

Name: TOULOUMIS, STATHY L
Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

Title: AMGR

Name: SLOMKA, HOWARD P

Address: 100 MAIN STREET - SUITE 206
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 Statues.

SIGNATURE: WILLIAM E TOULOUMIS MGRM 04/26/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date