

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107415

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** OLA AVE., LLC

**Current Principal Place of Business:**

2662 W VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

2662 W VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706

**New Mailing Address:**

2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CONNER, NATALIE A  
2662 W VINA DEL MAR BLVD  
ST PETE BEACH, FL 33706 US

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

CONNER, NATALIE A  
2662 W. VINA DEL MAR BLVD.  
ST. PETE BEACH, FL 33706 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: NATALIE A. CONNER

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CONNER, NATALIE A  
Address: 2662 W. VINA DEL MAR BLVD.  
City-St-Zip: ST. PETE BEACH, FL 33706

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 Statutes.

SIGNATURE: NATALIE A. CONNER

MGRM

01/05/2012

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