

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078671

Entity Name: OLIVES BRANCH LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

17 73RD STREET NORTH  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

17 73RD STREET NORTH  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 26-3224814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

OLIVEIRA, KATHRYN  
4931 91ST AVENUE, UNIT A  
PINELLAS PARK, FL 33782      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: MGR      ( ) Delete  
Name: OLIVEIRA, KATHRYN  
Address: 4931 91ST AVENUE, UNIT A  
City-St-Zip: SAINT PETERSBURG, FL 33782

Title: D      ( ) Delete  
Name: OLIVEIRA, AARON  
Address: 4931 91ST AVENUE, UNIT A  
City-St-Zip: SAINT PETERSBURG, FL 33782

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KATHRYN OLIVEIRA

MGR

06/23/2009

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