

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000078671

Entity Name: OLIVES BRANCH LLC

**FILED**  
**Apr 25, 2012**  
**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 ( )

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

OLIVEIRA, KATHRYN  
12135 GULF BLVD  
#2  
TREASURE ISLAND, FL 33706 US

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

KILBURN, KATHRYN M  
10315 GULF BLVD  
TREASURE ISLAND, 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: KATHRYN KILBURN

04/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KILBURN, KATHRYN M  
Address: 10315 GULF BLVD  
City-St-Zip: TREASURE ISLAND, 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: KATHRYN KILBURN

MGR

04/25/2012

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