

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030546

Entity Name: OHM TALLAHASSEE LLC

Current Principal Place of Business:

1695 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

Current Mailing Address:

1695 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

FEI Number: 55-0863862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, SATISH R
402 MEADOW RIDGE DRIVE
TALLAHASSEE, FL 32312 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

Authorized Person(s) Detail :

Title MGR
Name PATEL, SATISH R
Address 402 MEADOW RIDGE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MGR
Name PATEL, JAGRUTI S
Address 402 MEADOW RIDGE DRIVE
City-State-Zip: TALLAHASSEE FL 32312

Title MGRM
Name PATEL, HASMUKH L
Address 4339 CREEKVIEW DR
City-State-Zip: DUBLIN CA 94568

Title MGRM
Name PATEL, SUMATI H
Address 4339 CREEKVIEW DR
City-State-Zip: DUBLIN CA 94568

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SATISH PATEL

MANAGER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date