

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080390

**Entity Name:** OVEROAKS HOLDINGS, LLC

**Current Principal Place of Business:**

C/O US BANK NATIONAL ASSOCIATION  
60 LIVINGSTON AVENUE, M.S. EP-MN-WSID  
ST. PAUL, MN 55107

**Current Mailing Address:**

C/O US BANK NATIONAL ASSOCIATION  
60 LIVINGSTON AVENUE, M.S. EP-MN-WSID  
ST. PAUL, MN 55107

**FEI Number:** 27-0777227

**Certificate of Status Desired:** No

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

US BANK NATIONAL ASSOCIATION  
ATTN: KATHY BROECKER  
225 EAST ROBINSON STREET, SUITE 250  
ORLANDO, FL 32801 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 MGRM  
Name US BANK NATIONAL ASSOCIATION,  
AS TRUSTEE  
Address 60 LIVINGSTON AVENUE, M.S. EP-MN-  
WSID  
City-State-Zip: ST. PAUL MN 55107

*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:** BENJAMIN J. KRUEGER

A.V.P.

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date