

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122004

**Entity Name:** OAKLEY SIGNS & GRAPHICS, LLC**Current Principal Place of Business:**650 SOUTH NORTHLAKE BLVD., SUITE 520  
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**650 SOUTH NORTHLAKE BLVD., SUITE 520  
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 27-1570544**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVITT, KENNETH  
650 SOUTH NORTHLAKE BLVD., SUITE 520  
ALTAMONTE SPRINGS, FL 32701 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	MR
Name	LEVITT, SCOTT PRES
Address	650 SOUTH NORTHLAKE BLVD., SUITE 520
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MR
Name	LEVITT, KENNETH V,S,T
Address	650 SOUTH NORTHLAKE BLVD., SUITE 520
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MR
Name	LEVITT, BRETT VP
Address	650 SOUTH NORTHLAKE BLVD., SUITE 520
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

Title	MR
Name	LEVITT, KEITH VP
Address	650 SOUTH NORTHLAKE BLVD., SUITE 520
City-State-Zip:	ALTAMONTE SPRINGS FL 32701

*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:** KENNETH LEVITT

VP

03/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date