

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000113934

**Entity Name:** OLABOZ LLC

**Current Principal Place of Business:**

1180 A EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1180 A EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ONE GLOBAL PROPERTY MANAGEMENT  
1180 A EAST HALLANDALE BEACH BLVD  
HALLANDALE BEACH, FL 33009 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:** ONE GLOBAL PM

04/11/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                      |                 |                                      |
|-----------------|--------------------------------------|-----------------|--------------------------------------|
| Title           | MGR                                  | Title           | MGR                                  |
| Name            | BOZZO, NATHALIE                      | Name            | OLASO, JOSE                          |
| Address         | 1180 A EAST HALLANDALE BEACH<br>BLVD | Address         | 1180 A EAST HALLANDALE BEACH<br>BLVD |
| City-State-Zip: | HALLANDALE BEACH FL 33009            | City-State-Zip: | HALLANDALE BEACH FL 33009            |

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BOZZO , NATHALIE

MGR

04/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date