## 2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L12000149186

Entity Name: OLCDC TOWN CENTER, LLC

**FILED** Jan 22, 2015 **Secretary of State** CC5633608642

## **Current Principal Place of Business:**

490 OPA-LOCKA BLVD STE 20 OPA-LOCKA, FL 33054

## **Current Mailing Address:**

490 OPA-LOCKA BLVD STE 20 OPA-LOCKA, FL 33054

FEI Number: 46-1476589 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION 490 OPA-LOCKA BLVD STE 20 OPA-LOCKA, FL 33054 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: STEPHANIE@OLCDC.ORG 01/22/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

**PRESIDENT** Title Title

Name LOGAN, WILLIE Name WILLIAMS-BALDWIN, STEPHANIE

490 OPA-LOCKA BLVD 490 OPA-LOCKA BLVD Address Address

STE 20

STE 20

City-State-Zip: OPA-LOCKA FL 33054 City-State-Zip: OPA-LOCKA FL 33054

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.