that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTOPHER R OLIVER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 28, 2014 Secretary of State CC9603694898

Certificate of Status Desired: No

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:

GAY, JIM 3984 EAST SR 64

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	DIRECTOR
Name	OLIVER, CHRISTOPHER R	Name	OLIVER, DAVID D
Address	6411 4TH STREET EAST	Address	1010 SOUTHERN PINE LN
City-State-Zip:	BRADENTON FL 34203	City-State-Zip:	SARASOTA FL 34243

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

MGRM

Date



2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000019765

Entity Name: OLIVER KITCHEN & BATH LLC

Name and Address of Current Registered Agent:

Current Principal Place of Business:

1410 COMMERCE BLVD Н SARASOTA, FL 34243

Current Mailing Address:

1410 COMMERCE BLVD н SARASOTA, FL 34243 US

FEI Number: 46-1980089

BRADENTON, FL 34208 US