

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000123190

**Entity Name:** OG4 MANAGEMENT, LLC

**Current Principal Place of Business:**

165 FREMONT AVE  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

165 FREMONT AVE  
ST. AUGUSTINE, FL 32095 US

**FEI Number:** 46-4573040

**Certificate of Status Desired:** No

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

COMBS, ROGER  
165 FREMONT AVE  
ST. AUGUSTINE, FL 32095 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:** ROGER COMBS

01/15/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COMBS, ROGER  
Address 165 FREMONT AVE  
City-State-Zip: ST. AUGUSTINE FL 32095  
  
Title MGRM  
Name THOMPSON, RICHARD  
Address 1171 BEACH BLVD  
City-State-Zip: JACKSONVILLE BEACH FL 32246

Title MGRM  
Name COMBS, CYNTHIA A  
Address 616 19TH STREET  
City-State-Zip: ST. AUGUSTINE FL 32084  
  
Title MGRM  
Name HUTTO, MICHAEL T  
Address 16484 53RD ROAD  
City-State-Zip: WELLBORN FL 32094

*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:** ROGER COMBS

**PARTNER**

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date