

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000141091

Entity Name: OLIVE HARVEST PASSIVE INCOME, LLC

Current Principal Place of Business:

27 JANA DRIVE
PONCE INLET, FL 32127

Current Mailing Address:

755 DOTTEREL RD
#1305
DELRAY BEACH, FL 33444 US

FEI Number: 46-3833839

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, PATRICK T
27 JANA DRIVE
PONCE INLET, FL 32127 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 MGR
Name MURPHY, PATRICK T
Address 27 JANA DRIVE
City-State-Zip: PONCE INLET FL 32127

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: PATRICK MURPHY

PRESIDENT

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date