

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000185343

Entity Name: LAS OLAS CAPITAL ADVISORS, LLC**Current Principal Place of Business:**888 E. LAS OLAS BLVD,
STE. 200
FT. LAUDERDALE, FL 33301**Current Mailing Address:**5300 W. CYPRESS STREET
STE 200
TAMPA, FL 33607 US**FEI Number:** 47-3363368**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FANELLI LAW FIRM, PA
5300 W. CYPRESS ST, STE 200
TAMPA, FL 33607 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	TCH II LLC
Address	5300 W. CYPRESS ST, STE 200
City-State-Zip:	TAMPA FL 33607

Title	CEO
Name	JOHNSON, DARIAN W
Address	5300 W. CYPRESS STREET STE 200
City-State-Zip:	TAMPA FL 33607

Title	COO
Name	CATONE, RAYMOND
Address	5300 W. CYPRESS STREET STE 200
City-State-Zip:	TAMPA FL 33607

Title	PRESIDENT
Name	TANNER, PAUL C
Address	5300 W. CYPRESS STREET STE 200
City-State-Zip:	TAMPA FL 33607

Title	CFO
Name	STROSS, PAMELA J
Address	5300 W. CYPRESS STREET STE 200
City-State-Zip:	TAMPA FL 33607

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: DARIAN W. JOHNSON

CEO

02/27/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date