

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126044

**Entity Name:** THE PROPER OLIVE COMPANY LLC**Current Principal Place of Business:**495 SEMINOLE ROAD  
BABSON PARK, FL 33827**Current Mailing Address:**495 SEMINOLE ROAD  
BABSON PARK, FL 33827 US**FEI Number:** 47-4595615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICKETTS, TIMOTHY  
495 SEMINOLE RD  
BABSON PARK, FL 33827 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	RICKETTS, TIMOTHY
Address	495 SEMINOLE RD
City-State-Zip:	BABSON PARK FL 33827

Title	MGR
Name	CAIN, MATTHEW
Address	461 SEMINOLE RD
City-State-Zip:	BABSON PARK FL 33827

Title	MGR
Name	CAIN, HEATHER
Address	461 SEMINOLE RD
City-State-Zip:	BABSON PARK FL 33827

Title	MGR
Name	RICKETTS, SHAWN
Address	495 SEMINOLE ROAD
City-State-Zip:	BABSON PARK FL 33827

*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:** TIMOTHY RICKETTS

MGR

04/06/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date