

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000172362

Entity Name: OPTIONS INVESTORS CLUB, LLC**Current Principal Place of Business:**1439 TALBOT AVE
JACKSONVILLE, FL 32205**Current Mailing Address:**1439 TALBOT AVE
JACKSONVILLE, FL 32205 US**FEI Number:** 82-2480560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DR, STE 1200
JACKSONVILLE, FL 32202 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 CHRISTENSON, DOUGLAS B
Address 3079 S BALDWIN RD, STE #184
City-State-Zip: LAKE ORION MI 48359

Title MGR
Name JOHN COLLIS, MICHAEL
Address 1439 TALBOT AVE
City-State-Zip: JACKSONVILLE FL 32205

Title MGR
Name FOSTER, PATRICK ALLEN
Address 56668 EDGEWOOD DR
City-State-Zip: SHELBY TOWNSHIP MI 48316

Title MGR
Name KAMYSZEK, BRIAN RICHARD
Address 17820 CRESENT LAKE PLACE
City-State-Zip: MACOMB MI 48045

Title MGR
Name KAMYSZEK, COREY
Address 32492 N RIVER RD
City-State-Zip: HARRISON TOWNSHIP MI 48045

Title MGR
Name KENNY, IAN MICHAEL
Address 27940 GLADSTONE ST
City-State-Zip: SAINT CLAIR SHORES MI 48081

Title NGR
Name SULLIVAN, MORGAN ANNE
Address 1439 TALBOT AVE
City-State-Zip: JACKSONVILLE FL 32205

Title MGR
Name WASSEL, MICHAEL ERIC
Address 39658 COVE ST
City-State-Zip: HARRISON TOWNSHIP MI 48048

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: MICHAEL JOHN COLLIS**MANAGER****02/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date