

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000379573

**Entity Name:** OLIVERIO'S, LLC

**Current Principal Place of Business:**

222 E. MIDDLE STREET  
CHELSEA, MI 48118

**Current Mailing Address:**

222 E. MIDDLE STREET  
CHELSEA, MI 48118 US

**FEI Number:** 87-2364495

**Certificate of Status Desired:** No

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

GSK REGISTERED AGENTS, INC.  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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           MANAGER  
Name           BOLUYT, DRINA  
Address        3941 PROSPECT COURT  
City-State-Zip: ANN ARBOR MI 48103

Title           MANAGER  
Name           BOLUYT, SHANELLE  
Address        222 E. MIDDLE STREET  
City-State-Zip: CHELSEA MI 48118

*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:** DRINA BOLUYT

**MANAGER**

**02/20/2023**

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

\_\_\_\_\_  
Date