

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114431

Entity Name: ORPIN HOLDINGS, L.L.C.

**FILED**  
**Jan 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

146 ROSALES CT  
CORAL GABLES, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

146 ROSALES CT  
CORAL GABLES, FL 33143

**New Mailing Address:**

FEI Number: 05-0629702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CANDELARIO, LUIS R  
146 ROSALES CT  
CORAL GABLES, FL 33143 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CANDELARIO, LUIS R  
Address: 146 ROSALES CT  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM  
Name: SOLUCIONES MEDICAS, LLC  
Address: 146 ROSALES CT  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM  
Name: FRANQUEVILLE INTERNATIONAL CORP.  
Address: 146 ROSALES CT  
City-St-Zip: CORAL GABLES, FL 33143

Title: MGRM  
Name: ABEST GROUP CORPORATION  
Address: 146 ROSALES CT  
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUIS CANDELARIO

MGR

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date