

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023947

FILED
Feb 14, 2022
Secretary of State
7420501173CC

Entity Name: ORLANDO BUSINESS CENTER LLC

Current Principal Place of Business:

203 HANCOCK STREET
SMITHFIELD, NC 27577

Current Mailing Address:

PO BOX 608
SMITHFIELD, NC 27577 US

FEI Number: 81-0841528

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT	Title	MANAGER
Name	LAMPE, TEMPE A	Name	LAMPE, TEMPE A
Address	203 HANCOCK STREET	Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577	City-State-Zip:	SMITHFIELD NC 27577
Title	DIRECTOR	Title	DIRECTOR
Name	IVEY, ALEXANDER	Name	IVEY, ALEXANDER
Address	203 HANCOCK STREET	Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577	City-State-Zip:	SMITHFIELD NC 27577
Title	PRESIDENT	Title	DIRECTOR
Name	IVEY, CARLYLE	Name	IVEY, CARLYLE
Address	203 HANCOCK STREET	Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577	City-State-Zip:	SMITHFIELD NC 27577
Title	SECRETARY	Title	DIRECTOR
Name	COLLINS, MELISSA	Name	COLLINS, MELISSA
Address	203 HANCOCK STREET	Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577	City-State-Zip:	SMITHFIELD NC 27577

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: TEMPE A LAMPE

PRESIDENT

02/14/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date