2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2021
Secretary of State
1698854059CC

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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
Name	LAMPE, TEMPE A
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	MANAGER
Name	LAMPE, TEMPE A
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	DIRECTOR
Name	IVEY, ALEXANDER
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	DIRECTOR
Name	IVEY, ALEXANDER
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	PRESIDENT
Name	IVEY, CARLYLE
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	DIRECTOR
Name	IVEY, CARLYLE
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	SECRETARY
Name	COLLINS, MELISSA
Address	203 HANCOCK STREET
City-State-Zip:	SMITHFIELD NC 27577

Title	DIRECTOR
Name	COLLINS, MELISSA
Address	203 HANCOCK STREET
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 02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date