

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000053963

**FILED**  
**Feb 25, 2015**  
**Secretary of State**  
**CC5530360886**

**Entity Name:** ORIENT PLUS LLC

**Current Principal Place of Business:**

9790 AUGUST DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

PO BOX 11842  
JACKSONVILLE, FL 32239 US

**FEI Number:** 27-5275217

**Certificate of Status Desired:** No

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

AVEO, ENRICO R  
6816 HEIDI RD.  
JACKSONVILLE, FL 32277 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 CASEBOLT, ERINA  
Address 9790 AUGUST DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title MGR  
Name AVEO, ENRICO  
Address 9790 AUGUST DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

Title MGR  
Name AVEO, GEORGINA  
Address 9790 AUGUST DRIVE  
City-State-Zip: JACKSONVILLE FL 32226

*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:** ERINA CASEBOLT

**OWNER**

**02/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date