## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000053963

**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

FILED Feb 25, 2015

**Secretary of State** 

CC5530360886

Authorized Person(s) Detail:

Title MGR Title MGR

Name CASEBOLT, ERINA Name AVEO, ENRICO

Address 9790 AUGUST DRIVE Address 9790 AUGUST DRIVE

City-State-Zip: JACKSONVILLE FL 32226 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