

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133246

**Entity Name:** ORTSAC INVESTMENTS MF #1, LLC

**Current Principal Place of Business:**

4875 VOLUNTEER ROAD  
SW RANCHES, FL 33330

**Current Mailing Address:**

4875 VOLUNTEER ROAD  
SW RANCHES, FL 33330

**FEI Number:** 45-5316148

**Certificate of Status Desired:** No

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

CASTRO, SOFIA  
4875 VOLUNTEER ROAD  
SW RANCHES, FL 33330 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 ORTSAC MANAGEMENT LLC  
Address 4875 VOLUNTEER ROAD  
City-State-Zip: SW RANCHES FL 33330

Title MGRM  
Name CASTRO, SOFIA  
Address 4875 VOLUNTEER ROAD  
City-State-Zip: SW RANCHES FL 33330

Title MGRM  
Name CASTRO, ROBERT  
Address 4875 VOLUNTEER ROAD  
City-State-Zip: SW RANCHES FL 33330

Title MGRM  
Name CASTRO, PRISCILLA  
Address 4875 VOLUNTEER ROAD  
City-State-Zip: SW RANCHES FL 33330

Title MGRM  
Name CASTRO, BRANDON L  
Address 4875 VOLUNTEER RD  
City-State-Zip: SW RANCHES FL 33330

*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:** SOFIA CASTRO

MGRM

01/08/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date