

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000134449

**Entity Name:** ORTSAC MANAGEMENT, LLC

**Current Principal Place of Business:**

10234 W STATE ROAD 84  
DAVIE, FL 33324

**Current Mailing Address:**

10234 W STATE ROAD 84  
DAVIE, FL 33324 US

**FEI Number:** 45-3855189

**Certificate of Status Desired:** No

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

CASTRO, SOFIA  
10234 W STATE ROAD 84  
DAVIE, 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 MGRM  
Name CASTRO, ROBERT  
Address 10234 W STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

Title MGRM  
Name CASTRO, PRISCILLA  
Address 10234 W STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

Title MGRM  
Name CASTRO, SOFIA  
Address 10234 W STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

Title MGRM  
Name CASTRO, BRANDON  
Address 10234 W STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

Title MGR  
Name ORTSAC MANAGEMENT LLC  
Address 10234 W STATE ROAD 84  
City-State-Zip: DAVIE FL 33324

*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

**MGR**

**02/06/2015**

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

\_\_\_\_\_  
Date