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: AMADO FRIAS

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent: SKAY, LUKE

SKAY, LUKE 2630 PINE GLEN CT. ORLANDO, FL 32833 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

# Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	FRIAS, AMADO	Name	SKAY, LUKE
Address	712 CEDARWOOD CT	Address	2630 PINE GLEN CT.
City-State-Zip:	ORLANDO FL 32828	City-State-Zip:	ORLANDO FL 32833

# 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L12000078665

Entity Name: LIVING REEF ORLANDO, LLC

## **Current Principal Place of Business:**

504 N. ALAFAYA TR. 112 ORLANDO, FL 32828

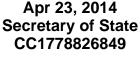
## **Current Mailing Address:**

504 N. ALAFAYA TR. 112 ORLANDO, FL 32828 US

## FEI Number: 45-5499919

MGRM

04/23/2014



FILED

Certificate of Status Desired: No

Date

Date