FEI Number: 46-0841721			Certificate of Status Desired: No	
Name and	d Address of Current Registered A	gent:		
SUITE 1004	MONTE DRIVE			
The above na	med entity submits this statement for the purpose o	f changing its registered office or re	gistered agent, or both, in the Stat	e of Florida.
SIGNATURE: JOSEPH LENTI II				02/19/20
	Electronic Signature of Registered Age	ent		Date
Authorize	ed Person(s) Detail :			
Title	MANAGER	Title	MANAGER	
Name	QUIMBY, LAURA	Name	QUIMBY, KEVIN	
Address	P.O, BOX 1802	Address	P.O. BOX 1802	

581 NORTH PARK AVE. #1802 APOPKA, FL 32704

DOCUMENT# L12000099169

**Current Principal Place of Business:** 

## **Current Mailing Address:**

P.O. BOX 1802 APOPKA, FL 32704 US

## FEI Number: 46-0841721

## N

Entity Name: FIRST ORMOND MANAGEMENT LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

City-State-Zip: APOPKA FL 32704

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: LAURA QUIMBY

MANAGER

City-State-Zip: APOPKA FL 32704

02/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

02/19/2020 Date

## FILED Feb 19, 2020 Secretary of State 6631635717CC

Date