#### 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089751

Entity Name: OR 18, LLC

FILED
Jan 30, 2018
Secretary of State
CC4062839318

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

16425 COLLINS AVE WS8A SUNNY ISLES BEACH. FL 33160

## **Current Mailing Address:**

PO BOX 601335

NORTH MIAMI BEACH, FL 33160 US

FEI Number: 37-1736137 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

OVED, JACK KOBE 16425 COLLINS AVE WS8A SUNNY ISLES BEACH, FL 33160 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: JACK KOBE OVED 01/30/2018

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

 Title
 MGRM
 Title
 AMBR

 Name
 OVED, JACK
 Name
 AVNAI

Name OVED, JACK Name AVNAIM, IDIT

Address 16425 COLLINS AVE WS8A Address PO BOX 601335

City-State-Zip: SUNNY ISLES BEACH FL 33160 City-State-Zip: NORTH MIAMI BEACH FL 33160

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.

**MGRM** 

SIGNATURE: JACK KOBE OVED