

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000003261

**Entity Name:** ORLANDO FASHIONS RESALE, L.L.C.

**Current Principal Place of Business:**

4910 E COLONIAL DR  
ORLANDO, FL 32803

**Current Mailing Address:**

P O BOX 547969  
ORLANDO, FL 32854-7969 US

**FEI Number: 46-4453302**

**Certificate of Status Desired: No**

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

LEFKOWITZ, IVAN M ESQ  
430 N MILLS AVE  
SUITE 4  
ORLANDO, FL 32803 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	Title	MGR
Name	VASSILIADIS, JAMES D	Name	HORN-VASSILIADIS, MONICA
Address	P O BOX 547969	Address	P O BOX 547969
City-State-Zip:	ORLANDO FL 32854	City-State-Zip:	ORLANDO FL 32854

*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: JAMES VASSILIADIS**

**PRESIDENT**

**02/12/2015**

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

\_\_\_\_\_  
Date