## 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000040774

**Entity Name: ORPAVENTAS LLC** 

**Current Principal Place of Business:** 

330 WOODCREST RD

KEY BISCAYNE. FL 33149

**Current Mailing Address:** 

330 WOODCREST RD

KEY BISCAYNE. FL 33149 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CTC MANAGEMENT SERVICES LLC 220 ALHAMBRA CIRCLE 11 FLOOR CORAL GABLES, FL 33134 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: JOSE GABALDON 01/28/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

PARIS, RODOLFO A Name Name ZAGALA. GUILLERMO A

Address 4 AVENIDA 2 Y 3 TRANSVERSAL, Address 4 AVENIDA 2 Y 3 TRANSVERSAL, **EDIFICIO TEXA** 

**EDIFICIO TEXA** 

CARACAS MI 0000 CARACAS MI 0000 City-State-Zip: City-State-Zip:

Title MGR

Name COBO, IRENE M 90 SW 3RD ST Address City-State-Zip: MIAMI FL 33130

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.

Electronic Signature of Signing Authorized Person(s) Detail

**FILED** Jan 28, 2019

**Secretary of State** 

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