## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045339

Entity Name: ORLANDO VP, LLC

**Current Principal Place of Business:** 

2304 SILVERDALE DR SUITE 200

JOHNSON CITY, TN 37601

**Current Mailing Address:** 

PO BOX 3891

JOHNSON CITY, TN 37602 US

FEI Number: 81-3077694 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COX, PHILIP 16311 SR 50

CLERMONT, FL 34711 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: PHILIP COX 02/13/2017

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title MGR Title AMBR

Name COX, PHILIP Name FLEENOR, TRACY

Address 16311 SR 50 Address PO BOX 3891

City-State-Zip: CLERMONT FL 34711 City-State-Zip: JOHNSON CITY TN 37602

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: TRACY FLEENOR PARTNER 02/13/2017

FILED Feb 13, 2017

**Secretary of State** 

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