

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000114516

**Entity Name:** THEOPRENEUR, LLC

**Current Principal Place of Business:**

1017 20TH STREET  
ORLANDO, FL 32805

**Current Mailing Address:**

1017 20TH STREET  
ORLANDO, FL 32805 US

**FEI Number: 81-3031161**

**Certificate of Status Desired: No**

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

BLACK, SUSANA R  
602 W. WASHINGTON STREET  
ORLANDO, FL 32801 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            AMBR  
Name            RIVERA, ORLANDO  
Address        1017 20TH STREET  
City-State-Zip: ORLANDO FL 32805

*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: ORLANDO RIVERA**

**AMBR**

**04/17/2017**

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

\_\_\_\_\_  
Date