

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000138495

**Entity Name:** ORLANDO FAMILY SERVICES, LLC

**Current Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL  
SUITE 197C  
ORLANDO, FL 32809

**Current Mailing Address:**

6220 S ORANGE BLOSSOM TRAIL  
SUITE 197C  
ORLANDO, FL 32809 US

**FEI Number:** 81-3361853

**Certificate of Status Desired:** No

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

EL AFDEL, YAMNA  
6220 S ORANGE BLOSSOM TRAIL  
SUITE 197C  
ORLANDO, FL 32809 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           DIRECTOR  
Name           EL AFDEL, YAMNA  
Address        6220 S ORANGE BLOSSOM TRAIL  
                  SUITE 197C  
City-State-Zip: ORLANDO FL 32809

*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:** YAMNA EL AFDEL

**DIRECTOR**

**02/08/2023**

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

\_\_\_\_\_  
Date