

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197274

**Entity Name:** ORURO INV. LLC**Current Principal Place of Business:**2055 TRADE CENTER WAY  
NAPLES, FL 34109**Current Mailing Address:**2055 TRADE CENTER WAY  
NAPLES, FL 34109 US**FEI Number:** 61-1807260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPL INCOME TAX CORP  
3940 RADIO RD  
103  
NAPLES, FL 34104 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	MANAGER
Name	ETEROVIC NIGOEVIC, TONCHI
Address	2055 TRADE CENTER WAY
City-State-Zip:	NAPLES FL 34109

Title	AUTHORIZED MEMBER
Name	ETEROVIC NIGOEVIC, TONCHI
Address	2055 TRADE CENTER WAY
City-State-Zip:	NAPLES FL 34109

Title	AUTHORIZED MEMBER
Name	BIGGEMANN FRICKE, MARCELA
Address	2055 TRADE CENTER WAY
City-State-Zip:	NAPLES FL 34109

Title	AUTHORIZED MEMBER
Name	ETEROVIC BIGGEMANN, DAMIR
Address	2055 TRADE CENTER WAY
City-State-Zip:	NAPLES FL 34109

Title	AUTHORIZED MEMBER
Name	ETEROVIC BIGGEMANN, MIRKO
Address	2055 TRADE CENTER WAY
City-State-Zip:	NAPLES FL 34109

*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:** ETEROVIC NIGOEVIC , TONCHI

MANAGER

04/12/2019

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