

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000045315

**Entity Name:** FATALIS LLC

**Current Principal Place of Business:**

3501 CARLTON LANE  
DAVIE, FL 33330

**Current Mailing Address:**

PO BOX 1138  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 82-4508991

**Certificate of Status Desired:** No

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

BLUMAN, STEVEN  
3501 CARLTON LANE  
DAVIE, FL 33330 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            JIDMS LLC  
Address        PO BOX 1135  
City-State-Zip: LOXAHATCHEE FL 33470

Title            AMBR  
Name            GOMEZ, JORGE H  
Address        2970 BENT CYPRESS RD  
City-State-Zip: WELLINGTON FL 33414

Title            AMBR  
Name            OR INVESTMENT VENTURES LLC  
Address        1618 PRESIDENTIAL WAY  
City-State-Zip: MIAMI FL 33179

Title            AMBR  
Name            ODS INVESTMENTS LLC  
Address        PO BOX 1135  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** STEVEN BLUMAN

**MGR**

**04/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date