

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000049809

**Entity Name:** OCALA ARCHITECTURAL FOAM LLC

**Current Principal Place of Business:**

7175 S PINE AVE  
STE A  
OCALA, FL 34480

**Current Mailing Address:**

9924 SW 41ST AVE  
OCALA, FL 34476 US

**FEI Number:** 83-3826338

**Certificate of Status Desired:** No

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

BUSTILLO-VIDAL, NICOLAS F  
9924 SW 41ST AVE  
OCALA, FL 34476 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            BUSTILLO-VIDAL, NICOLAS F  
Address        9924 SW 41ST AVE  
City-State-Zip: Ocala FL 34476

*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:** NICOLAS F BUSTILLO-VIDAL

**MANAGER**

**01/30/2025**

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

\_\_\_\_\_  
Date