

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000085227

**Entity Name:** OROLAND, LLC**Current Principal Place of Business:**9050 SW 82 TERRACE  
UNIT D  
OCALA, FL 34481**Current Mailing Address:**9050 SW 82 TERRACE  
UNIT D  
OCALA, FL 34481 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KITROSER, MITCHELL I ESQ.  
631 US HIGHWAY 1  
SUITE 406  
NORTH PALM BEACH, FL 33408 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:** MITCHELL I KITROSER

04/11/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JACQUELINE COLUCCI REVOCABLE TRUST 7-1-06  
Address 9050 SW 82 TERRACE UNIT D  
City-State-Zip: Ocala FL 34481

Title AMBR  
Name JACQUELINE COLUCCI REVOCABLE TRUST 7-1-2016  
Address 9050 SW 82 TERRACE UNIT D  
City-State-Zip: Ocala FL 34481

Title AMBR  
Name CAMPRUBI-SOMS, MATIAS  
Address 1380 EAST AVENUE #124-168  
City-State-Zip: CHICO CA 95926

Title AMBR  
Name CAMPRUBI-SOMS, AMANDA  
Address 1380 EAST AVENUE #124-168  
City-State-Zip: CHICO CA 95926

*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:** MITCHELL I KITROSER**REGISTERED AGENT**

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date