# 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000085227

Entity Name: OROLAND, LLC

### **Current Principal Place of Business:**

4851 BONSAI CIRCLE APT. 101 PALM BEACH GARDENS, FL 33418

# **Current Mailing Address:**

4851 BONSAI CIRCLE APT. 101 PALM BEACH GARDENS, FL 33418 US

# FEI Number: NOT APPLICABLE

# Name and Address of Current Registered Agent:

GIGELE, JONATHAN ESQ. 850 NW FEDERAL HIGHWAY STUART, FL 34994 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

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	JACQUELINE COLUCCI REVOCABLE	Name	CAMPRUBI-SOMS, MATIAS
Address	TRUST 7-1-06 4851 BONSAI CIRCLE, APT. 101	Address	1380 EAST AVENUE #124-168
		City-State-Zip:	CHICO CA 95926
City-State-Zip:	PALM BEACH GARDENS FL 33418		
Title	AMBR	Title	AMBR
		Name	CAMPRUBI-SOMS, AMANDA
Name	JACQUELINE COLUCCI REVOCABLE TRUST 7-1-2016	Address	1380 EAST AVENUE #124-168
Address	4851 BONSAI CIRCLE APT. 101	City-State-Zip:	CHICO CA 95926
City-State-Zip:	PALM BEACH GARDENS FL 33418		

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: JONATHAN GIGELE

REGISTERED AGENT 02

02/24/2021

Date

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No