

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000327151

**Entity Name:** ADMINISTRATORS OF URFRIG REALTY IN THE ORLANDO REGIONAL AREA, LLC

**FILED**  
**Mar 08, 2024**  
**Secretary of State**  
**4395580569CC**

**Current Principal Place of Business:**

104 GRINNELL PLACE  
CELEBRATION, FL 34747

**Current Mailing Address:**

5019 SAINT DENIS CT.  
BELLE ISLE, FL 32812

**FEI Number: 85-3621626**

**Certificate of Status Desired: No**

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

VATIC LAW, LLC  
5019 SAINT DENIS COURT  
BELLE ISLE, FL 32812 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            URFRIG FAMILY TRUST  
Address        104 GRINNELL PLACE  
City-State-Zip: CELEBRATION FL 34747

Title            AR  
Name            URFRIG, GREGORY  
Address        104 GRINNELL PLACE  
City-State-Zip: CELEBRATION FL 34747

Title            AR  
Name            URFRIG, HEATHER  
Address        104 GRINNELL PLACE  
City-State-Zip: CELEBRATION FL 34747

*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: GREGORY URFRIG**

**AUTHORIZED  
REPRESENTATIVE**

**03/08/2024**

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

\_\_\_\_\_  
Date