

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000268162

**Entity Name:** CHRISTEL ORBE LLC

**Current Principal Place of Business:**

1717 N. BAY DRIVE  
2447  
MIAMI, FL 33132

**Current Mailing Address:**

1717 N. BAY DRIVE  
2447  
MIAMI, FL 33132 US

**FEI Number:** 87-1618745

**Certificate of Status Desired:** No

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

ORBE, CHRISTEL M  
1717 N. BAY DRIVE  
2447  
MIAMI, FL 33132 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 MGRM  
Name ORBE, CHRISTEL M  
Address 1717 N. BAY DRIVE APT 2447  
City-State-Zip: MIAMI FL 33132

*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:** CHRISTEL ORBE

**MANAGING MEMBER**

**04/15/2024**

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

\_\_\_\_\_  
Date