

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000415426

**Entity Name:** OR FUELS LLC

**Current Principal Place of Business:**

10640 NW 27TH ST  
SUITE 101  
DORAL, FL 33172

**Current Mailing Address:**

10640 NW 27TH ST  
SUITE 101  
DORAL, FL 33172 US

**FEI Number:** 87-2750399

**Certificate of Status Desired:** Yes

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

CASTRO, LIBIA I  
9341 SW 5TH LN  
MIAMI, FL 33174 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            CASTRO, LIBIA I  
Address        9341 SW 5TH LN  
City-State-Zip: MIAMI FL 33174

*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:** LIBIA I CASTRO

AMBR

01/23/2023

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

\_\_\_\_\_ Date