

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000309660

**Entity Name:** ORANGE ISLE OF FLORIDA LLC**Current Principal Place of Business:**161 SE 12 COURT  
POMPANO BEACH, FL 33060**Current Mailing Address:**161 SE 12 COURT  
POMPANO BEACH, FL 33060 US**FEI Number:** 65-0393616**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, CANTOR & SHALEK, P.A.  
4000 HOLLYWOOD BOULEVARD, SUITE 500 NORTH  
HOLLYWOOD, FL 33021 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           | MGR                    |
| Name            | LAMPERT, GARY B        |
| Address         | 161 SE 12 COURT        |
| City-State-Zip: | POMPANO BEACH FL 33060 |

|                 |                         |
|-----------------|-------------------------|
| Title           | MGR                     |
| Name            | LAMPERT, JUSTIN T       |
| Address         | 9939 PINELLAS PARK ROAD |
| City-State-Zip: | BOCA RATON FL 33428     |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGR                      |
| Name            | LAMPERT, JOSHUA A MD     |
| Address         | 933 FLAMINGO DRIVE       |
| City-State-Zip: | FORT LAUDERDALE FL 33301 |

*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:** GARY LAMPERT

VICE PRESIDENT

04/03/2023

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