

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L00000010760**

1. Entity Name

O & C ENTERPRISES, LLC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 12 AM 11:07

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400007117844--2
-08/14/02--01085--006
****200.00 ****200.00

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2. Principal Place of Business

5396 HOFFNER AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite NORTH

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

Zip

32812

Country

ORANGE

Zip

Country

4. FEI Number

59-3669044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALBERTO H. O'NEILL

Street Address (P.O. Box Number is Not Acceptable)

7879 HARBOR BEND CIRCLE

City

ORLANDO

FL

Zip Code
32822

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IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable

8/12/02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 MANAGER ALBERTO H. O'NEILL 7879 HARBOR BEND CIR. ORLANDO, FL. 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JESUS P. O'NEILL 7879 HARBOR BEND CIR. ORLANDO, FL. 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ADELIZ FIGUEROA 5028 PARK CENTRAL DR. Apt. 212C ORLANDO, FL. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER HAYSEL A. VILLEGAS HAR 5208 CURRYFORD RD. Apt 119 ORLANDO, FL. 32812

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/12/02 (407) 447-9690

Date

Daytime Phone #

CR2E083B (12/01)