

2001 UNIFORM BUSINESS REPORT (UBR)

0026518 AF

DOCUMENT # L00000012040

1. Entity Name

OROS RISK SOLUTIONS, LLC

FILED

01 MAR 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1910 ALDEN ROAD
ORLANDO FL 32803

Mailing Address

1910 ALDEN ROAD
ORLANDO FL 32803

2. Principal Place of Business

2250 LUCIEN WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
301

City & State

ORLANDO FL

City & State

Zip
32751

Country
US

Zip

Country

4. FEI Number

59-3674842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

DI MASI, JOHN L ESQUIRE
LAW OFFICES OF JOHN L. DI MASI, P.A.
219 E. LIVINGSTON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM ☐ Delete
NAME SEHNERT, LUMBRA ROBINSON & ASSOCIATES, INC
STREET ADDRESS 1910 ALDEN ROAD
CITY-ST-ZIP ORLANDO FL 32803

TITLE MGRM ☐ Delete
NAME KATZ, JONATHAN
STREET ADDRESS 13508 DOMOCH DRIVE
CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

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

3/16/01

Date

407-838-3444

Daytime Phone #

CR2E083 (11/00)