

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

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

06-10-2002 90120 001 \*\*\*\*50.00

DOCUMENT # LO 1006008730

1. Entity Name

ORCA, LLC

**DO NOT WRITE IN THIS SPACE**

968913

2. Principal Place of Business

888 Brickell Ave, 5FL

Suite, Apt. #, etc.

5th Floor

City & State

Miami, FL 33131

Zip

Country

3. Mailing Address

888 Brickell Ave

Suite, Apt. #, etc.

5th Floor

City & State

Miami, FL 33131

Zip

Country

4. FEI Number

65-1117479

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Marcell Felipe, J.D.

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

888 Brickell Avenue, 5th FL

City

Miami

FL

Zip Code

33131

**DO NOT WRITE  
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

*Marcell Felipe*  
Signature, typed or printed name of registered agent and title if applicable.

DATE

6/7/02

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

Managing Member

Juan Esteban Orrego Calle

888 Brickell Avenue, 5th FL

Miami, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**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:

*Juan Esteban Orrego Calle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

6/7/02 (941) 825 8614

CR2E083B (12/01)