

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000019214

1. Entity Name
ORLANDO PROPERTY SERVICES, LLC



Principal Place of Business

2629 WAVERLY BARN RD., #122
DAVENPORT, FL 33897

Mailing Address

2629 WAVERLY BARN RD., #122
DAVENPORT, FL 33897



02052004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0563892

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JEFFREY
2629 WAVERLY BARN RD.
DAVENPORT, FL 33897

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000075066
03/03/04-80045-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	SMITH, JEFFREY
STREET ADDRESS	2629 WAVERLY BARN RD, #122
CITY-ST-ZIP	DAVENPORT, FL 33897

TITLE	
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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, OR AUTHORIZED REPRESENTATIVE

02.27.04 863 424 6555

Date

Daytime Phone #