## 2005 LIMITED LIABILITY COMPANY

## Apr 25, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L02000019214** 04-25-2005 90095 007 \*\*\*\*50.00 1. Entity Name ORLÁNDO PROPERTY SERVICES, LLC Principal Place of Business Mailing Address 2629 WAVERLY BARN RD., #122 2629 WAVERLY BARN RD., #122 DAVENPORT, FL 33897 DAVENPORT, FL 33897 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04112005 CR2E083 (10/03) Chg-LLC City & State Applied For City & State 4 FFI Number 81-0563892 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2629 WAVERLY BARN RD. DAVENPORT, FL 33897. City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. D TITLE PRESIDENT P Delete TITLE Change ☐ Addition SMITH, JEFFREY JEFFREY SMIM NAME NAME 9350 WHWY 192 SUITE 105 STREET ADDRESS 2629 WAVERLY BARN RD, #122 STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33897 CLERMONT CITY-ST-ZIF FL 34714 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete Addition TITLE NAME NAME

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 rdy signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited flability company or the receiver or trusted emptywered to be ecide this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

863 420 6555

**FILED**