

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000019991**

1. Entity Name  
ORLI, LLC



Principal Place of Business  
16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

Mailing Address  
16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162



02052004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-2118960

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RONES, VICTOR K  
16105 N.E. 18TH AVENUE  
NO. MIAMI BEACH, FL 33162

**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 reappointing)

DATE \_\_\_\_\_

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

000000163861  
08/11/04-80002-004 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ORGLER, BERNARD  
16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ORGLER, LILI FRIEDSTAC  
16105 N.E. 18TH AVENUE  
NORTH MIAMI BEACH, FL 33162

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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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 19.07(3)(f), 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 606, Florida Statutes.

**SIGNATURE:** *X [Signature]*

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

*X 26/7/04*

Date

*X 305-7926914*

Daytime Phone #