


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90121 048 ***150.00

DOCUMENT # L04000006649 1. Entity Name ORLANDO AVENUE, L.L.C.					
Principal Place of Business 2995 BURGOYNE LANE WEST PALM BEACH, FL 33409			Mailing Address 2995 BURGOYNE LANE WEST PALM BEACH, FL 33409		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CONSIDINE, JOSEPH M ESQ. NORTHBRIDGE CENTRE 515 N. FLAGLER DRIVE, SUITE 702 WEST PALM BEACH, FL 33401			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, MAURECE		NAME		
STREET ADDRESS	2995 BURGOYNE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONLEY, JOHN		NAME		
STREET ADDRESS	2995 BURGOYNE LANE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 9/16/05 Daytime Phone #: 301-848-5250		

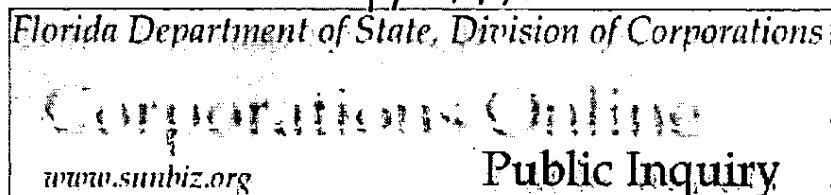


08122005 Chg-LLC CR2E083 (10/03)

4. FEI Number _____ Applied For ☐
Not Applicable ☒

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

14019453



Florida Limited Liability

ORLANDO AVENUE, L.L.C.

PRINCIPAL ADDRESS
2995 BURGOYNE LANE
WEST PALM BEACH FL 33409

MAILING ADDRESS
2995 BURGOYNE LANE
WEST PALM BEACH FL 33409

Document Number
L04000006649

State
FL

FEI Number
NONE

Status
ACTIVE

Date Filed
01/20/2004

Effective Date
NONE

Total Contribution
0.00

Registered Agent

Name & Address
CONSIDINE, JOSEPH M ESQ. NORTHBRIDGE CENTRE 515 N. FLAGLER DRIVE, SUITE 702 WEST PALM BEACH FL 33401

Manager/Member Detail

Name & Address	Title
WILLIAMS, MAURECE 2995 BURGOYNE LANE WEST PALM BEACH FL 33409	MGRM
CONLEY, JOHN 2995 BURGOYNE LANE WEST PALM BEACH FL 33409	MGRM

ATTACHMENT

14019453

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

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(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

August 12, 2005

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Taxpayer: ORLANDO AVENUE, L.L.C.
Document #: L04000006649
FEIN:
Tax Form: UBR
Tax Period: 2005

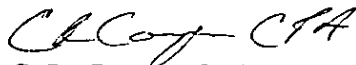
To Whom It May Concern:

We have enclosed check # in the amount of \$150.00 for the 2005 Corporate Annual Renewal of ORLANDO AVENUE, L.L.C., Document # L04000006649.

Please abate the penalty as Mr. Conley did not receive the original UBR. The Corporation is newly formed and did not intentionally avoid the filing fee.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,



C. R. Cooper, CPA

Encl.

bm