

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083365

Entity Name: ORLICA, LLC

FILED  
Mar 25, 2009  
Secretary of State

**Current Principal Place of Business:**

527 BAY LANE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 490315  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-1907377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIEVANO, ISABEL MGR  
527 BAY LANE  
KEY BISCAYNE, FL, FL 33149 US

**Name and Address of New Registered Agent:**

LIEVANO, ISABEL MGR  
527 BAY LANE  
KEY BISCAYNE, FL 33149 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: OROZCO, GINETTE  
Address: 527 BAY LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: LIEVANO, ISABEL  
Address: 527 BAY LANE  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GINETTE OROZCO

MGR

03/25/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date