

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000041635

1. Entity Name
ORRKID, LLC



Principal Place of Business
**211 SW 20TH STREET
FORT LAUDERDALE, FL 33315**

Mailing Address
**211 SW 20TH STREET
FORT LAUDERDALE, FL 33315**



04162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2782136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOSSETT, RONALD P
4700 SHERIDAN STREET
BUILDING I
HOLLYWOOD, FL 33021**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ORR, BETTY B
STREET ADDRESS	405 SW 16TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	MGRM
NAME	ORR, JAMES T
STREET ADDRESS	9705 N. NEW RIVER CANAL ROAD, #203
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	ORR, RICHARD L
STREET ADDRESS	815 SW 30TH STREET, UNIT K
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	MGRM
NAME	IARIA, KAREN K
STREET ADDRESS	4064 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	MGRM
NAME	IARIA, FRANK A
STREET ADDRESS	4064 SW 3RD STREET
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000734007
05/09/07-80108-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Karen Iaria* *Karen Taria*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-23-07 954-523-2690
Date Daytime Phone #