2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # L05000054792 1. Entity Name ORC PROFESSIONALS LLC						04-25-2006 90	0019 004 ****50.	00	
Principal Place of Business 3320 MAPLE LANE DAVIE, FL 33328		Mailing Address 3320 MAPLE LANE DAVIE, FL 33328							
2. Principal P	lace of Business	3. Mailing Address	41 B 1						
Suite, Apt.	71 Blatt Blud #, etc. Unit 309	Suite, Apt. #, etc. City & State Weston, F/		04192006	Chg-LLC	CR2E083 (11/05)		
City & State Weston, F1		City & State	1750 40n E	4. FEI Numb		_	Applied For		
Zip Country USA		Zip 33326	Country	SA	#E 00		lot Applicable		
333	6. Name and Address of Current	<u></u>			7. Name and	d Address of New R		-	
	Name	Name OleA Cacpen							
THE LAW OFFICES OF JOSE C MARRERO 1820 N CORPORATE LAKES BLVD SUITE 105				Street Address (P.O. Box Number is Not Acceptable) 16/7/Blaff Blud, \$\frac{1}{2}\$					
WESTON,	FL 33326	,	City	Vine	ton		FL Zip Co	de e e	
9. The above named entity subtraited this statement for the our ense of changing its registered (red agent, or be	oth, in the State of Fir			
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 physical name of cardistried agent and title if applicable. (NOTE: Registered Agent signature (required when reinstating)) DATE									
Signature, typed or print for nan got a stered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006							re check payable to a Department of Sta		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE	Me	se, ,	4-1-4	🔀 Change	Addition	
NAME STREET ADDRESS	CAYON, OLGA M 3320 MAPLE LANE		NAME STREET ADDRESS	CA	YON C	IBA IOH BIVA	1 #309		
CITY-ST-ZIP	DAVIE, FL 33328		CITY-ST-ZIP	150	uton.	F/ 33.	326		
IITLE	MGR	☐ Delete	TITLE	سيفا			SCI Channe	☐ Addition	
NAME	CAYON, ROMAN R		NAME	CAY	ION RO	MANR.	4309 33326	-	
STREET ADDRESS	3320 MAPLE LANE		STREET ADDRES	16%	71 B/	eff Blva	5 1326		
CITY - ST - ZIP	DAVIE, FL 33328	Почн	TITLE	-	VESTU	7, -1	33326 □ Change	["] Addition	
TITLE NAME		☐ Delete	NAME				Change	Addition	
STREET ADDRESS			STREET ADDRES	s					
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP						
TITLE	Ţ	☐ Delete	TILE	Í			Change	Addition	
NAME	İ		NAME STREET ADDRES						
STREET ADDRESS CITY - ST - ZIP	}		CITY - ST - ZIP	*					
TITLE		☐ Defete	TITLE	1			☐ Change	Addition	
NAME			NAME				_ ,	_	
STREET ADDRESS	}		STREET ADDRES	s					
CITY-ST-ZIP	 			-				C taken	
TITLE NAME	}	☐ Delete	TITLE NAME	ľ			☐ Change	Addition	
STREET ADDRESS	{		STREET ADORES	s (į	
CITY - ST - ZIP			CITY-ST-ZIP						
11. I hereby indicated	certify that the information supplied with d on this report is true and accurate and ability company or the receiver or truste	h this filing does not qualify for I that my signature shall have t In epipowered to execute this r	the exemptions he same legal e eport as require	contained ffect as if d by Char	in Chapter 119 made under oa pter 608, Florida	9, Florida Statutes. I f th; that I am a mana a Statutes.	further certify that the in ging member or mana	nformation ger of the	