

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000089105

1. Entity Name
ORANGE 46 PLAZA, LLC



Principal Place of Business
**1034 SEMORAN BLVD.
CASSELBERRY, FL 32707**

Mailing Address
**1034 SEMORAN BLVD.
CASSELBERRY, FL 32707**



01232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0570856

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HWANG, YOUNG SIG
1034 SEMORAN BLVD.
CASSELBERRY, FL 32707**

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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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000856845
03/28/08-80028-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HWANG, YOUNG SIG
1034 SEORAN BLVD
CASSELBERRY, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CHO, CHARLES H
4242 SHADOW CRK CIR
OVIEDO, FL 32765**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KIM, YOUNG BOK
10217 MARABELLA ROSE CT
ORLANDO, FL 32825**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #