

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 05, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000110328

1. Entity Name

ORROS PROPERTIES, LLC



Principal Place of Business

750 RHODEN COVE ROAD
TALLAHASSEE FL 32312

Mailing Address

750 RHODEN COVE ROAD
TALLAHASSEE FL 32312



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORROS, NICHOLAS P OWNER
750 RHODEN COVE ROAD
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME ORROS, CHRISTIE DROZ P OWNER
STREET ADDRESS 750 RHODEN COVE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

000000816324 ☐ Change ☐ Addition
02/14/08-80072-009 138.75

TITLE MGR ☐ Delete
NAME ORROS, NICHOLAS
STREET ADDRESS 750 RHODEN COVE ROAD
CITY-ST-ZIP TALLAHASSEE FL 32312

☐ Change ☐ Addition

TITLE ☐ Delete
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STREET ADDRESS
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☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/08

Date