

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002478

FILED
Apr 28, 2009
Secretary of State

Entity Name: ORLICKI, LLC

Current Principal Place of Business:

4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 20-4055677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORLANDO, PETE
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SLABICKI, RENEE
Address: 4275 CROSSWINDS DRIVE
City-St-Zip: MILTON, FL 32583 US

Title: MGRM () Delete
Name: ORLANDO, MICHELLE
Address: 3106 MONTWOOD TRAIL
City-St-Zip: AUSTIN, TX 78748 US

Title: MGRM () Delete
Name: ORLANDO, ROBERT C
Address: 3106 MONTWOOD TRAIL
City-St-Zip: AUSTIN, TX 78748 US

Title: MGRM () Delete
Name: ORLANDO, MICHAEL A
Address: 5909 AYL FORD COURT
City-St-Zip: AUSTIN, TX 78739 US

Title: MGRM () Delete
Name: ORLANDO, KIMBERLY F
Address: 5909 AYL FORD COURT
City-St-Zip: AUSTIN, TX 78739 US

Title: MGRM () Delete
Name: ORLANDO, PETER
Address: 12177 LAKE FERN DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: PETER ORLANDO

MGRM

04/28/2009

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