

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031909

FILED  
May 22, 2009  
Secretary of State

Entity Name: ORANGE BLOSSOMS, LLC.

**Current Principal Place of Business:**

1500 POE AVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 POE AVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SHARP, ANGELA  
1500 POE AVE  
ORLANDO, FL 32806 US

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: SHARP, ANGELA  
Address: 1500 POE AVE  
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM (X) Delete  
Name: BUTLER, JENNIFER  
Address: 1301 STEVENS AVE  
City-St-Zip: ORLANDO, FL 32806 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
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: ANGELA SHARP

MNGR

05/22/2009

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