

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After October 8, 1997. If Dissolved, Minimum Amount
Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 SEP 15 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # Z00038

OPR, L.C.
4 INDIGO TERRACE
LAKE WORTH FL 33460

1a. Principal Place of Business Address

4 INDIGO TERRACE
LAKE WORTH FL 33460

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

08/07/1985

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

59-2671960

5. Date of Last Report

6. Certificate of Status Desired

04/15/1996

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MESSING, ANDREW
4 INDIGO TERRACE
LAKE WORTH FL 33460

Name

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

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

M

MESSING, ANDREW

4 INDIGO TERRACE

LAKE WORTH, FL 33460

400002297134-1
-09/18/97--01080--004
****597.50 ****597.50

dec (cus)

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

August 21, 1997

Samuel J. Falcone, P.A.
Certified Public Accountant

5835 White Cypress Drive
Lake Worth, FL 33467-6230
Tel. (561) 642-2363
Fax. (561) 433-2155

CERTIFIED MAIL RRR
No. P-427-428-587

August 21, 1997

Florida Dept. of State
Annual Report Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: OPR, L.C.
Doc. No. Z00038

Gentlemen:

Enclosed is the 1997 Limited Liability Company Annual Report for our above referenced client, along with their check in payment of the filing fee as follows:

Annual Report Fee	\$	100.00
Corp. Supplemental Fee		103.75
Certificate of Status Fee		8.75

Total Check Enclosed	\$	212.50
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Apparently the original notice was lost in mail since our client never received it. Consequently, we respectfully request that any late filing penalties be waived.

We sincerely appreciate your consideration in this matter.

Very truly yours,
Samuel J. Falcone, PA


By: Samuel J. Falcone, CPA