

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000124518

**Entity Name:** ODBS ENTERPRISES LLC

**Current Principal Place of Business:**

1945 NW 111TH LOOP  
OCALA, FL 32113

**Current Mailing Address:**

P.O. BOX 167  
LOWELL, FL 32663

**FEI Number:** 46-1107635

**Certificate of Status Desired:** No

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

ROBINSON, MITZI  
1945 NW 111TH LOOP  
OCALA, FL 34475 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ROBINSON, MITZI  
Address PO BOX 167  
City-State-Zip: LOWELL FL 32663

Title MGRM  
Name ROBINSON, ANTHONY  
Address P.O. BOX 167  
City-State-Zip: LOWELL FL 32663

Title MGRM  
Name BALLENGER, CYNTHIA J  
Address 1945 NW 111TH LOOP  
City-State-Zip: OCALA FL 32113

Title MANAGER, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name O'CONNELL, ALEX SR.  
Address 25 GELPI AVE  
City-State-Zip: KENNER LA 70065

Title MANAGER, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name BAIN, KELLY  
Address 1102 DEER RUN PL  
City-State-Zip: VALRICO FL 33594

Title MANAGER, AUTHORIZED MEMBER,  
AUTHORIZED REPRESENTATIVE  
Name HALPRIN, JAY BERNARD  
Address 859 CHAPELLE ST  
City-State-Zip: NEW ORLEANS LA 70124

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEX O'CONNELL

**CEO**

**03/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date