

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000152810

**Entity Name:** OREXIN LLC

**Current Principal Place of Business:**

1535 WEST 35 PL  
HIALEAH, FL 33012

**Current Mailing Address:**

1535 WEST 35 PL  
HIALEAH, FL 33012 UN

**FEI Number:** 47-3197454

**Certificate of Status Desired:** No

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

FAGUNDO, OMAR  
6270 NW 173 ST  
APT 225  
HIALEAH, FL 33015 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           MANAGER  
Name           FAGUNDO, OMAR  
Address        6270 NW 173 ST  
                  APT 225  
City-State-Zip: HIALEAH FL 33015

*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:** OMAR FAGUNDO

**MANAGER**

**06/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date