

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000004932

**Entity Name:** ORESTES PAINE LLC

**Current Principal Place of Business:**

388 E 33 ST  
HIALEAH, FL 33013

**Current Mailing Address:**

388 E 33 ST  
HIALEAH, FL 33013

**FEI Number:** 83-1126336

**Certificate of Status Desired:** No

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

PAINE, ORESTES MR.  
388 E. 33 ST.  
HIALEAH, FL 33013 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 MGR  
Name PAINE, ORESTES MR.  
Address 388 E 33 ST.  
City-State-Zip: HIALEAH FL 33013

*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:** ORESTES PAINE

MGR

03/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date