

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000180274

**Entity Name:** ORLANDO PLUS SECURITY & EVENT STAFFING LLC

**Current Principal Place of Business:**

7616 SOUTHLAND BLVD  
108  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 2869  
JACKSON, WY 83001 US

**FEI Number:** 84-2526310

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 BLACK OPS VENTURES LLC  
Address PO BOX 2869  
City-State-Zip: JACKSON WY 83001

Title VP  
Name HAYWARD, CHRISTINE  
Address 7901 4TH STREET N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

Title PRESIDENT  
Name CALLAGHAN, MICHAEL  
Address 7901 4TH STREET N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702  
  
Title DIRECTOR  
Name WONG, TRISTAN  
Address 7901 4TH STREET N  
SUITE 300  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** MICHAEL CALLAGHAN

**MANAGER**

**01/08/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date