

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000269396

**Entity Name:** ORI NET LLC

**Current Principal Place of Business:**

4706 CHIQUITA BLVD S  
STE200 PMB400  
CAPE CORAL, FL 33914

**Current Mailing Address:**

518 HERRIMAN CT.  
NOBLESVILLE, IN 46060 US

**FEI Number:** 85-2757339

**Certificate of Status Desired:** No

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

LEPERE, SCOTT M  
4706 CHIQUITA BLVD S  
STE200 PMB400  
CAPE CORAL, FL 33914 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 AR  
Name LEPERE, SCOTT  
Address 518 HERRIMAN CT.  
City-State-Zip: NOBLESVILLE IN 46060

Title AR  
Name LEPERE, MARK  
Address 518 HERRIMAN CT.  
City-State-Zip: NOBLESVILLE IN 46060

Title AMBR  
Name ON-RAMP INDIANA, INC.  
Address 518 HERRIMAN CT.  
City-State-Zip: NOBLESVILLE IN 46060

*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:** SCOTT LEPERE

**PRESIDENT**

**02/05/2024**

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

\_\_\_\_\_  
Date