

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000014850

**Entity Name:** PAVERS ORELLANA LLC

**Current Principal Place of Business:**

2409 DELAWARE AVE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

2409 DELAWARE AVE  
FORT PIERCE, FL 34950 US

**FEI Number:** 92-3464388

**Certificate of Status Desired:** No

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

GIRON, EXEQUIEL O  
2409 DELAWARE AVE  
FORT PIERCE, FL 34950 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            AMBR  
Name            EXEQUIEL ORELLANA GIRON  
Address        2409 DELAWARE AVE  
City-State-Zip: FORT PIERCE FL 34950

*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:** EXEQUIEL ORELLANA GIRON

AMBR

04/23/2024

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

\_\_\_\_\_ Date