

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000158745

**Entity Name:** 925 ORCHID DR, LLC

**Current Principal Place of Business:**

925 ORCHID DRIVE  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

5277 LIBERTY LANE  
WESTLAKE, FL 33470 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RAMOS, ARACELYS  
5277 LIBERTY LANE  
WESTLAKE, FL 33470 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            RAMOS, ARACELYS  
Address        5277 LIBERTY LANE  
City-State-Zip: WESTLAKE FL 33470

Title            AMBR  
Name            RAMOS, GUSTAVO  
Address        5277 LIBERTY LANE  
City-State-Zip: WESTLAKE FL 33470

*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:** ARACELYS RAMOS

AMBR

04/04/2025

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

\_\_\_\_\_  
Date