

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000381142

**Entity Name:** OREL MULTISERVICES LLC

**Current Principal Place of Business:**

456 SPREADING OAK CIR.  
APOPKA, FL 32712

**Current Mailing Address:**

456 SPREADING OAK CIR.  
APOPKA, FL 32712 UN

**FEI Number:** 92-3346940

**Certificate of Status Desired:** No

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

REYES, OLIVIA  
456 SPREADING OAK CIR.  
APOPKA, FL 32712 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 REYES, OLIVIA  
Address 456 SPREADING OAK CIR.  
City-State-Zip: APOPKA FL 32712

Title AMBR  
Name FLORES, JOE W  
Address 456 SPREADING OAK CIR.  
City-State-Zip: APOPKA 32712

*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:** FLORES , JOE W

AMBR

03/08/2024

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

\_\_\_\_\_  
Date