	ling Address:			
415 FAIRFA FORT MYEF	X DR RS, FL 33905			
FEI Number: 46-1664054			Certificate of Status Desired: Yes	
Name and A	ddress of Current Registered Age	nt:		
MADE IN BRAZ 12811 KENWO SUITE 208 FORT MYERS,	OD LANE			
The above named	l entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of	Florida.
SIGNATURE	: MARIA MADALENA CALDAS-LOI	PES		06/25/2020
SIGNATURE	E: MARIA MADALENA CALDAS-LOI Electronic Signature of Registered Agent	PES		06/25/2020 Date
		PES		
	Electronic Signature of Registered Agent	PES	MGRM	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :		MGRM SANCHEZ, DIEGO	
<b>Authorized</b> Title	Electronic Signature of Registered Agent Person(s) Detail : MGRM	Title		
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGRM SANCHEZ NERI, SABAS	Title Name Address	SANCHEZ, DIEGO	
<b>Authorized</b> Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGRM SANCHEZ NERI, SABAS 415 FAIRFAX DR	Title Name Address	SANCHEZ, DIEGO 415 FAIRFAX DR	
Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGRM SANCHEZ NERI, SABAS 415 FAIRFAX DR FORT MYERS FL 33905	Title Name Address	SANCHEZ, DIEGO 415 FAIRFAX DR	
Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGRM SANCHEZ NERI, SABAS 415 FAIRFAX DR FORT MYERS FL 33905 MGRM	Title Name Address	SANCHEZ, DIEGO 415 FAIRFAX DR	06/25/2020 Date

## 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.

Electronic Signature of Signing Authorized Person(s) Detail

06/25/2020 Date

## FILED Jun 25, 2020

**Secretary of State** 5179178060CC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L1300000649

415 FAIRFAX DR FORT MYERS, FL 33905

Entity Name: S.S. FLOOR COVERING, LLC.

**Current Principal Place of Business:** 

SIGNATURE: SABAS SANCHEZ NERI

MGRM