

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000041577

**Entity Name:** MOVER EXPERIENCE LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PARKWAY  
STE 10  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PARKWAY  
STE 10  
ORLANDO, FL 32819 US

**FEI Number:** 30-0815505

**Certificate of Status Desired:** No

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

ASSELFIS INTERNATIONAL LLC  
7901 KINGSPONTE PARKWAY  
ORLANDO, FL 32819 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:** CELSO MORAES

02/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name REIS, NELSON C  
Address 6548 SAND LAKE SOUND RD  
APT 5205  
City-State-Zip: ORLANDO FL 32819

*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:** REIS, NELSON C

AMBR

02/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date