

2021 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: _____

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: NELSON REIS

CEO

01/19/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date