

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000186050

Entity Name: REFLASY LLC**Current Principal Place of Business:**110 N FEDERAL HWY
UNIT 906
FORT LAUDERDALE, FL 33301**Current Mailing Address:**110 N FEDERAL HWY
UNIT 906
FORT LAUDERDALE, FL 33301 US**FEI Number:** 47-2476600**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADR ACCOUNTING SERVICES CORP
4699 N FEDERAL HWY
SUITE 109E
POMPANO BEACH, FL 33064 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:** DAVILSON RODRIGUES

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name RODRIGUES DE FARIA, CARLOS A
Address AVENIDA PORTUGAL 228 APT 11
City-State-Zip: SAO PAULO SP 04559--000

Title AMBR
Name RODRIGUES DE FARIA, IZILDA G
Address AVENIDA PORTUGAL 228 APT 11
City-State-Zip: SAO PAULO SP 04559--000

Title AMBR
Name RODRIGUES DE FARIA, FLAVIA G
Address 110 N FEDERAL HWY
UNIT 906
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name RODRIGUES DE FARIA, SYLVIA G
Address 110 N FEDERAL HWY
UNIT 906
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name PENNA MOREIRA, RENATA
RODRIGUES FARIA
Address 110 N FEDERAL HWY
UNIT 906
City-State-Zip: FORT LAUDERDALE FL 33301

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: CARLOS A RODRIGUES DE FARIA

AMBR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date