

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045173

Entity Name: STROED INVESTMENTS LLC**Current Principal Place of Business:**7862 W IRLO BRONSON MEMORIAL HWY
SUITE 583
KISSIMMEE, FL 34747**Current Mailing Address:**7862 W IRLO BRONSON MEMORIAL HWY
SUITE 583
KISSIMMEE, FL 34747 US**FEI Number:** 32-0460847**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DA SILVA SANTANA, DANIEL ETORE
7862 W IRLO BRONSON MEMORIAL HWY
SUITE 583
KISSIMMEE, FL 34747 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:** DANIEL ETORE DA SILVA SANTANA

03/12/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	DE ALMEIDA LAZZURI, RODRIGO
Address	7862 W IRLO BRONSON MEMORIAL HWY SUITE 583
City-State-Zip:	KISSIMMEE FL 34747

Title	AMBR
Name	MONTENEGRO SILVA, EDUARDO
Address	7862 W IRLO BRONSON MEMORIAL HWY SUITE 583
City-State-Zip:	KISSIMMEE FL 34747

Title	AMBR
Name	GUSSECK KLEINDIENST, STEVE VON
Address	7862 W IRLO BRONSON MEMORIAL HWY SUITE 583
City-State-Zip:	KISSIMMEE FL 34747

Title	MANAGER
Name	DA SILVA SANTANA, DANIEL ETORE
Address	7862 W IRLO BRONSON MEMORIAL HWY SUITE 583
City-State-Zip:	KISSIMMEE FL 34747

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: DANIEL ETORE DA SILVA SANTANA**MANAGER**

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date