

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200773

**Entity Name:** PRO GLASS SOLUTIONS LLC

**Current Principal Place of Business:**

9506 HOOD RD  
UNIT 1  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

7039 ROSABELLA CIR  
JACKSONVILLE, FL 32258 US

**FEI Number:** 81-0763327

**Certificate of Status Desired:** No

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

PEREIRA, DIOGO D  
7039 ROSABELLA CIR  
JACKSONVILLE, FL 32258 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           | MGR                   | Title           | MGR                   |
| Name            | PEREIRA, DIOGO D      | Name            | GUIMARAES, MAISA V    |
| Address         | 7039 ROSABELLA CIR    | Address         | 7039 ROSABELLA CIR    |
| City-State-Zip: | JACKSONVILLE FL 32258 | City-State-Zip: | JACKSONVILLE FL 32258 |

*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:** DIOGO D PEREIRA

MGR

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date