

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200773

**Entity Name:** PRO GLASS SOLUTIONS LLC

**Current Principal Place of Business:**

9506 HOOD RD  
STE1  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

187 LOMOND ST  
SAINT AUGUSTINE, FL 32095 US

**FEI Number:** 81-0763327

**Certificate of Status Desired:** No

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

PEREIRA, DIOGO D  
187 LOMOND ST  
SAINT AUGUSTINE, FL 32095 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         | 187 LOMOND ST            | Address         | 187 LOMOND ST            |
| City-State-Zip: | SAINT AUGUSTINE FL 32095 | City-State-Zip: | SAINT AUGUSTINE FL 32095 |

*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

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date