

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000148380

**Entity Name:** SIMOES SERVICES LLC

**Current Principal Place of Business:**

8000 ESSEX POINT CIR  
APT 1101  
ORLANDO, FL 32819

**Current Mailing Address:**

8000 ESSEX POINT CIR  
APT 1101  
ORLANDO, FL 32819 US

**FEI Number:** 81-3519645

**Certificate of Status Desired:** No

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

EXACT ACCOUNT PROFESSIONAL SERVICES LLC  
7157 NARCOOSSEE ROAD  
ORLANDO, FL 32822 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:** JEFFERSON LOUIS SIMOES

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SIMOES, JEFFERSON LOUIS  
Address 7157 NARCOOSSEE ROAD  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name SIMOES, CLEIMAR M DOS SANTOS  
Address 7157 NARCOOSSEE ROAD  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name SIMOES, JEAN GUILHERME  
Address 7157 NARCOOSSEE ROAD  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name SIMOES, JEANNE  
Address 7157 NARCOOSSEE ROAD  
City-State-Zip: ORLANDO FL 32822

*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:** JEFFERSON LOUIS SIMOES

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date