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: THOMAS HANS BECK ABELING

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: 5A WORLDWIDE SPECIALTY SOLUTIONS LLC

Current Principal Place of Business:

16645 VARONE COVE COURT WINTER GARDEN. FL 34787

DOCUMENT# L16000156880

Current Mailing Address:

16645 VARONE COVE COURT WINTER GARDEN, FL 34787 US

FEI Number: 61-1800879

Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

US TAX CONSULTING INC 5401 S KIRKMAN RD STE 135 ORLANDO, FL 32819 US

The above named entity submits this stateme

SIGNATURE

GIGNATURE:	
	Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	THOMAS HANS BECK ABELING	Name	ABELING, SUZANA MENNA BARRETO BARROS F
Address	RUA PADRE PEREIRA DE ANDRADE 545/52 BL A	Address	RUA PADRE PEREIRA DE ANDRADE 545
City-State-Zip:	SAO PAULO SP 05469-000		545 52 BL A
		City-State-Zip:	SAO PAULO 05469-000

ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
e of Registered Agent		Date				
	Title	AMBR				
	Name	ABELING, SUZANA MENNA BARRETO BARROS F				
A DE ANDRADE	Address	RUA PADRE PEREIRA DE ANDRADE				

Certificate of Status Desired: No

03/01/2024 Date

FILED Mar 01, 2024 Secretary of State 2187979366CC

AMBR