

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000178815

**Entity Name:** AUTOREC SOLUTIONS, LLC

**Current Principal Place of Business:**

15501 N FLORIDA AVE  
UNIT 2  
TAMPA, FL 33613

**Current Mailing Address:**

15501 N FLORIDA AVE  
UNIT 2  
TAMPA, FL 33613 US

**FEI Number:** 81-3968581

**Certificate of Status Desired:** No

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

COGOLLOS, CLARA  
15501 N FLORIDA AVE  
UNIT 2  
TAMPA, FL 33613 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 AMBR  
Name COGOLLOS, CLARA M  
Address 1986 LAKE WATERS PL  
City-State-Zip: LUTZ FL 33558

*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:** CLARA M COGOLLOS

AMBR

04/08/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date