2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000015437

#### Entity Name: INOUE SALGADO LLC

### **Current Principal Place of Business:**

12767 WESTSIDE VILLAGE LOOP WINDERMERE, FL 34786

# **Current Mailing Address:**

12767 WESTSIDE VILLAGE LOOP WINDERMERE, FL 34786 US

# FEI Number: 61-1813874

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

ICONNECT SOLUTIONS CORP 6735 CONROY ROAD STE 309 ORLANDO, FL 32835 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	EMERSON CORREA	02/11/2023		
	Electronic Signature of Registered Agent		Date	
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	INOUE SALGADO, AFONSO S	Name	MOREIRA SALGADO, NILMA JULIANA	
Address City-State-Zip:	12767 WESTSIDE VILLAGE LOOP WINDERMERE FL 34786	Address City-State-Zip:	S 12767 WESTSIDE VILLAGE LOOP WINDERMERE FL 34786	
Title Name Address City-State-Zip:	AMBR MOREIRA SALGADO, MARIANA 12767 WESTSIDE VILLAGE LOOP WINDERMERE FL 34786	Title Name Address City-State-Zip:	AMBR MOREIRA SALGADO, JULIANA 12767 WESTSIDE VILLAGE LOOP WINDERMERE FL 34786	

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: AFONSO S INOUE SALGADO

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

FILED Feb 11, 2023 Secretary of State 9526769593CC

Certificate of Status Desired: No

02/11/2023 Date