

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000254808

Entity Name: 4406 LE REVE CT, LLC

Current Principal Place of Business:

4406 LE REVE CT
KISSIMMEE, FL 34746

Current Mailing Address:

PO BOX 273192
BOCA RATON, FL 33427 US

FEI Number: 38-4061687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANDRADA, MARIA
4406 LE REVE CT
KISSIMMEE, FL 34746 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 RIBEIRO ANDRADA O FIGUEIREDO,
 MARIA
Address 4406 LE REVE CT
City-State-Zip: KISSIMMEE FL 34746

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: MARIA RIBEIRO ANDRADA O FIGUEIREDO

MEMBER

04/19/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date