

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000157956

**Entity Name:** AC FRIENDS SOLUTIONS LLC

**Current Principal Place of Business:**

10960 BEACH BLVD #386  
JACSONVILLE, FL 32246

**Current Mailing Address:**

10960 BEACH BLVD #386  
JACSONVILLE, FL 32246 US

**FEI Number:** 32-2633968

**Certificate of Status Desired:** No

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

CLAUDIA LIMA TAX & ACCOUNTING LLC  
2546 AULD SCOT BLVD  
OCOEE, FL 34761-8921 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:** CLAUDIA GIRALDELLI LIMA

04/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ANA, DE OLIVEIRA C  
Address        10960 BEACH BLVD #386  
City-State-Zip: JACSONVILLE FL 32246

Title           AUTHORIZED MEMBER  
Name           ALMEIDA DANTAS, SIDINEI  
Address        10960 BEACH BLVD #386  
City-State-Zip: JACSONVILLE FL 32246

*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:** ANA C DE OLIVEIRA

MANAGER

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date