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.

MGR

SIGNATURE: SHYRLI M MOREIRA

Electronic Signature of Signing Authorized Person(s) Detail

Autho

Authorized Ferson(s) Detail .						
Title	MGR	Title	MGR			
Name	MOREIRA, SHYRLI M	Name	ZANIN, MARCIO			
Address	7554 SUNVILLE AVE	Address	7554 SUNVILLE AVE			
City-State-Zip:	KISSIMMEE FL 34747	City-State-Zip:	KISSIMMEE FL 34747			

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L18000246598

Entity Name: MOREIRA ZANIN, LLC

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

7554 SUNVILLE AVE. KISSIMMEE, FL 34747

#### **Current Mailing Address:**

6965 PIAZZA GRANDE AVE **STE 307** ORLANDO, FL 32835 US

### FEI Number: 36-4913425

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

POTENCIANO CPA LLC 6965 PIAZZA GRANDE AVE **STE 307** 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: JANAYNA POTENCIANO

ATURE	I JANAYNA POTENCIANO			04/19/2024		
	Electronic Signature of Registered Agent			Date		
orized Person(s) Detail :						
	MGR	Title	MGR			
	MOREIRA, SHYRLI M	Name	ZANIN, MARCIO			
s	7554 SUNVILLE AVE	Address	7554 SUNVILLE AVE			
ate-Zip:	KISSIMMEE FL 34747	City-State-Zip:	KISSIMMEE FL 34747			

# Certificate of Status Desired: No

04/19/2024

FILED Apr 19, 2024 Secretary of State 9174522535CC

Date