Current Mai	ling Address:			
7375 FAIRG WINDERME	ROVE AVE RE, FL 34786-6757 US			
FEI Number: 83-3143893			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
	LUTIONS CORP			
6735 CONROY STE 309				
6735 CONROY STE 309 ORLANDO, FL		its registered office or regis	tered agent, or both, in the State of Flor	ida.
6735 CONROY STE 309 ORLANDO, FL The above named	32835 US	its registered office or regis	tered agent, or both, in the State of Flor	^{ida.} 03/01/202
6735 CONROY STE 309 ORLANDO, FL The above named	32835 US d entity submits this statement for the purpose of changing	its registered office or regis	tered agent, or both, in the State of Flor	
6735 CONROY STE 309 ORLANDO, FL <i>The above named</i> SIGNATURE	32835 US d entity submits this statement for the purpose of changing E EMERSON CORREA	its registered office or regis	tered agent, or both, in the State of Flor	03/01/202
6735 CONROY STE 309 ORLANDO, FL The above named SIGNATURE Authorized	32835 US d entity submits this statement for the purpose of changing E: EMERSON CORREA Electronic Signature of Registered Agent	its registered office or regis	tered agent, or both, in the State of Flor	03/01/202
ST35 CONROY STE 309 ORLANDO, FL The above named SIGNATURE Authorized	32835 US d entity submits this statement for the purpose of changing E: <u>EMERSON CORREA</u> Electronic Signature of Registered Agent Person(s) Detail :			03/01/202
6735 CONROY STE 309 ORLANDO, FL <i>The above named</i> SIGNATURE	32835 US d entity submits this statement for the purpose of changing E: EMERSON CORREA Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	03/01/202

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: TASSYLLA MIOTTO

AMBR

03/01/2024

Entity Name: MITASS TRADING LLC

Current Principal Place of Business:

7375 FAIRGROVE AVE

DOCUMENT# L19000012224

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 01, 2024 **Secretary of State** 6826308648CC