

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000070629

Entity Name: TRUSTFUL WORKERS, LLC

Current Principal Place of Business:

6150 OLD WINTER GARDEN RD
ORLANDO, FL 32835

Current Mailing Address:

9246 HOLLISTON CREEK PL
WINTER GARDEN, FL 34787

FEI Number: 83-4054035

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE OLIVEIRA, FABIO
9248 HOLLISTON CREEK PL
WINTER GARDEN, FL 34787 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 | Title | AMBR |
| Name | OLIVEIRA, FABIO | Name | OLIVEIRA, MARCIA RODRIGUES R |
| Address | 9248 HOLLISTON CREEK PL | Address | 9248 HOLLISTON CREEK PL |
| City-State-Zip: | WINTER GARDEN FL 34787 | City-State-Zip: | WINTER GARDEN FL 34787 |

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: FABIO OLIVEIRA

AMBR

02/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date