	ling Address:			
11543 CHAR WINDERME	RNOCK DR RE, FL 34786 US			
FEI Number: 61-1937222 Name and Address of Current Registered Agent:			Certificate of Status Desire	ed: No
Name and A	daress of Current Registered Agent:			
11543 CHARNO	RVALHO, GABRIEL DCK DR , FL 34786 US			
The above named	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florid	la.
SIGNATURE: GABRIEL COSTA DE CARVALHO				
SIGNATURE	: GABRIEL COSTA DE CARVALHO		(	04/05/2024
SIGNATURE	Electronic Signature of Registered Agent			04/05/2024 Date
	Electronic Signature of Registered Agent	Title	AMBR	
Authorized	Electronic Signature of Registered Agent Person(s) Detail :	Title Name	AMBR DE OLIVEIRA CARVALHO, RAYA	Date
Authorized	Electronic Signature of Registered Agent Person(s) Detail : AMBR	Name	AMBR DE OLIVEIRA CARVALHO, RAYA ALVES R	Date
Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : AMBR COSTA DE CARVALHO, GABRIEL 11543 CHARNOCK DR		AMBR DE OLIVEIRA CARVALHO, RAYA	Date
Authorized Title Name	Electronic Signature of Registered Agent Person(s) Detail : AMBR COSTA DE CARVALHO, GABRIEL 11543 CHARNOCK DR	Name	AMBR DE OLIVEIRA CARVALHO, RAYA ALVES R 11543 CHARNOCK DR	Date

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: GABRIEL COSTA DE CARVALHO

AMBR

04/05/2024

DOCUMENT# L19000177133

Entity Name: GRB GENERAL SERVICES LLC

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

11543 CHARNOCK DR WINDERMERE, FL 34786

## Current Mailing Address:

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Apr 05, 2024 Secretary of State 4103461529CC