

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000215830

**Entity Name:** SI HELP LLC

**Current Principal Place of Business:**

4552 JONAFREE LN  
UNIT 23-108  
KISSIMMEE, FL 34746

**Current Mailing Address:**

4552 JONAFREE LN  
UNIT 23-108  
KISSIMMEE, FL 34746 US

**FEI Number:** 84-2965018

**Certificate of Status Desired:** No

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

ICONNECT SOLUTIONS CORP  
6735 CONROY ROAD  
SUITE 219  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MORETTO SPERANDIO, SIMONE AREAS  
Address 4552 JONAFREE LN  
UNIT 23-108  
City-State-Zip: KISSIMMEE FL 34746

Title AMBR  
Name LUIZ SPERANDIO, ADILSON  
Address 4552 JONAFREE LN  
UNIT 23-108  
City-State-Zip: KISSIMMEE FL 34746

*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:** SIMONE AREAS MORETTO SPERANDIO

AMBR

04/19/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date