

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000273520

Entity Name: LAYOUT RENOVATION LLC**Current Principal Place of Business:**12261 LEXINGTON PARK DRIVE
APT 305
WESTCHASE, FL 33626**Current Mailing Address:**12261 LEXINGTON PARK DRIVE
APT 305
WESTCHASE, FL 33626 US**FEI Number:** 84-3708430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE SOUZA, WILLIAN
12261 LEXINGTON PARK DRIVE
APT 305
WESTCHASE, FL 33626 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	DE SOUZA, WILLIAN
Address	11548 CITRA CIRCLE APT 303
City-State-Zip:	WINDERMERE FL 34786
Title	AMBR
Name	LOPES CUNHA PEREIRA, CAROLINE
Address	12261 LEXINGTON PARK DRIVE APT 305
City-State-Zip:	WESTCHASE FL 33626

Title	AMBR
Name	LOPES CUNHA SE SOUZA, SABRINE
Address	12261 LEXINGTON PARK DRIVE APT 305
City-State-Zip:	WESTCHASE FL 33626
Title	AMBR
Name	PEREIRA, MARCO LUIZ
Address	12261 LEXINGTON PARK DRIVE APT 305
City-State-Zip:	WESTCHASE FL 33626

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: WILLIAN DE SOUZA

AMBR

03/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date