

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000273520

Entity Name: LAYOUT RENOVATION LLC**Current Principal Place of Business:**15124 ARBOR HOLLOW DR
ODESSA, FL 33556**Current Mailing Address:**15124 ARBOR HOLLOW DR
ODESSA, FL 33556 US**FEI Number:** 84-3708430**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DE SOUZA, WILLIAN
15124 ARBOR HOLLOW DR
ODESSA, FL 33556 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	12261 LEXINGTON PARK DR, #305
City-State-Zip:	WESTCHASE FL 33626

Title	AMBR
Name	FERREIRA, RENATO MULLER
Address	12261 LEXINGTON PARK DR, #305
City-State-Zip:	WESTCHASE FL 33626

Title	AMBR
Name	PEREIRA, MARCO LUIZ
Address	12261 LEXINGTON PARK DR, #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: MARCO LUIZ PEREIRA

AMBR

10/16/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date