

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000117913

**Entity Name:** FILL IT OUT, L.L.C.

**Current Principal Place of Business:**

600 N. THACKER AVE.  
SUITE D51  
KISSIMMEE, FL 34741

**Current Mailing Address:**

600 N. THACKER AVE.  
SUITE D51  
KISSIMMEE, FL 34741 US

**FEI Number:** 85-0934051

**Certificate of Status Desired:** Yes

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

MARTINEZ RIVERA, GABRIEL  
600 N. THACKER AVE.  
SUITE D51  
KISSIMMEE, FL 34741 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	MARTINEZ RIVERA, GABRIEL	Name	SOTO VEGA, ODALIS M
Address	600 N. THACKER AVE. SUITE D51	Address	600 N. THACKER AVE. SUITE D51
City-State-Zip:	KISSIMMEE FL 34741	City-State-Zip:	KISSIMMEE FL 34741

*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:** ODALIS M SOTO VEGA

**OWNER - MEMBER  
MANAGER**

**04/30/2024**

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

\_\_\_\_\_  
Date