

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000084444

**Entity Name:** TOBIZZY LLC

**Current Principal Place of Business:**

6789 TOWN HARBOUR BLVD  
APT 2111  
BOCA RATON, FL 33433

**Current Mailing Address:**

6789 TOWN HARBOUR BLVD  
APT 2111  
BOCA RATON, FL 33433 US

**FEI Number:** 61-2026070

**Certificate of Status Desired:** Yes

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

GOMES DE OLIVEIRA, THIAGO  
6789 TOWN HARBOUR BLVD  
APT 2111  
BOCA RATON, FL 33433 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 GOMES DE OLIVEIRA, THIAGO  
Address 6789 TOWN HARBOUR BLVD  
APT 2111  
City-State-Zip: BOCA RATON FL 33433

Title AMBR  
Name ALBUQUERQUE, DANIELA  
Address 5400 GODFREY RD  
City-State-Zip: PARKLAND FL 33067

Title AMBR  
Name DE OLIVEIRA, JOAO GABRIEL  
Address 5417 WILES ROAD APT 302  
City-State-Zip: COCONUT CREEK FL 33073

*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:** THIAGO GOMES DE OLIVEIRA

AMBR

01/15/2024

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

\_\_\_\_\_  
Date