

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000282138

**Entity Name:** A. SOLUTIONS USA LLC

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
SUITE 135  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
SUITE 135  
ORLANDO, FL 32819 US

**FEI Number:** 37-2051836

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD  
SUITE 135  
ORLANDO, FL 32819 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 GONCALVES NOGUEIRA, SERGIO  
Address AV ATLANTICA, 3752 APT 706  
City-State-Zip: MACAE RJ 27920--390  
  
Title AMBR  
Name F. DOS S. AUGUSTO, REGINA MARIA  
Address AV ATLANTICA, 3752 APT 708  
City-State-Zip: MACAE RJ 27920--390

Title AMBR  
Name DOS S. A. NOGUEIRA, CLARISSE  
Address AV ATLANTICA, 3752 APT 706  
City-State-Zip: MACAE RJ 27920--390  
  
Title AMBR  
Name AUGUSTO, CLAUDINEZ  
Address AV ATLANTICA, 3752 APT 708  
City-State-Zip: MACAE RJ 27920--390

*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:** GONCALVES NOGUEIRA , SERGIO

AMBR

03/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date