

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000509240

**Entity Name:** SFORPLAST US LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PKWY  
SUITE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PKWY  
SUITE 17  
ORLANDO, FL 32819 US

**FEI Number:** 36-5050562

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING GROUP  
7901 KINGSPONTE PKWY  
SUITE 17  
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:** CAROLINE LARSON

02/23/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SFORSIN, ALEXANDRE  
Address 7901 KINGSPONTE PKWY STE 15  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name SFORSIN, ROGERIO  
Address RUA SAO JORGE 630 APT 34  
BULDING A  
City-State-Zip: SAO CAETANO DO SUL SP 09530-250

Title MGR  
Name SILVESTRE SFORSIN, IVE  
Address 7901 KINGSPONTE PKWY STE 15  
City-State-Zip: ORLANDO FL 32819

*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:** IVE SILVESTRE SFORSIN

MGR

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date