

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105264

Entity Name: HIRSPAD, LLC**Current Principal Place of Business:**8527 VILA BELLA NOTTE
ORLANDO, FL 32836**Current Mailing Address:**8527 VILA BELLA NOTTE
ORLANDO, FL 32836 US**FEI Number:** 20-5799467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING GROUP
7901 KINGSPONTE PARKWAY
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 G LARSON

02/04/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	SPADONI HIRSH, FRANCISCO S
Address	8527 VILA BELLA NOTTE
City-State-Zip:	ORLANDO FL 32836

Title	AUTHORIZED MEMBER
Name	SPADONI HIRSH, ANNA BEATRIZ S
Address	8527 VILA BELLA NOTTE
City-State-Zip:	ORLANDO FL 32836

Title	AUTHORIZED MEMBER
Name	SPADONI HIRSH, ANNA CAROLINA S
Address	8527 VILA BELLA NOTTE
City-State-Zip:	ORLANDO FL 32836

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: SPADONI HIRSH , FRANCISCO S

MGRM

02/04/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date