

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000161281

**Entity Name:** AEA HUTTO LLC

**Current Principal Place of Business:**

449 ED SCHMIDT BLVD  
HUTTO, TX 78634

**Current Mailing Address:**

1711 AMAZING WAY SUITE 208  
OCOEE, FL 34761 US

**FEI Number:** 81-4150204

**Certificate of Status Desired:** No

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

CAPITOL CORPORATE SERVICES, INC.  
515 E PARK AVE 2 FL  
TALLAHASSEE, FL 32301 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 AZEVEDO CONSULTING, LLC  
Address 8102 PACIFIC LOON ST  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name MAGIOLI, CARLOS  
Address 7103 SCARLET IBIS LANE  
City-State-Zip: WINTER GARDEN FL 34787

Title MGR  
Name AE PINK LLC  
Address PO BOX 339  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name PEREIRA DOS SANTOS JR, ARCEU  
Address IURY XAVIER PEREIRA, QUADRA 66  
City-State-Zip: RIO DE JANEIRO 22790-862

Title MGR  
Name AE PURPLE LLC  
Address PO BOX 339  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name BRIAN HERTZ REVOCABLE TRUST  
Address 550 S OCEAN BLVD  
UNIT 1709  
City-State-Zip: BOCA RATON FL 33432

Title AMBR  
Name CASTEL THUN LLC  
Address 3520 THOMASVILLE RD  
201 F  
City-State-Zip: TALLAHASSEE FL 32309

*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:** AE PINK LLC

**MGR**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date