

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000148120

**Entity Name:** TRUST ALLIANCE SERVICES, LLC

**Current Principal Place of Business:**

2538 LAKE DEBRA DR  
APT 103  
ORLANDO, FL 32835

**Current Mailing Address:**

2538 LAKE DEBRA DR  
APT 103  
ORLANDO, FL 32835 US

**FEI Number:** 36-4872802

**Certificate of Status Desired:** No

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

SOARES, ALLAN E  
5282 WILLOW COURT  
ORLANDO, FL 32811 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:** ALLAN ESPINDULA SOARES

01/30/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	SOARES, ALLAN E	Name	SOARES, DANIELLE DUTRA SR.
Address	1017 S HIAWASSEE RD UNIT #3727	Address	1017 S HIAWASSEE RD UNIT #3727
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835
Title	MANAGER	Title	MANAGER
Name	GAMA, RODRIGO DINIZ SR.	Name	GAMA, LETÍCIA MESQUITA SR.
Address	2922 BUCCANEER PALM RD	Address	2922 BUCCANEER PALM RD
City-State-Zip:	KISSEEMEE FL 34747	City-State-Zip:	KISSIMMEE FL 34747

*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:** ALLAN SOARES

MGRM

01/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date