

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000103289

**Entity Name:** IMAGINE PROJECT & DEVELOPMENT LLC**Current Principal Place of Business:**4931 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837**Current Mailing Address:**4931 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 US**FEI Number:** 82-5442905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**H DA COSTA OLIVEIRA, WILLIAM  
4931 BRIGHTMOUR CIRCLE  
ORLANDO, FL 32837 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:** WILLIAM H DA COSTA OLIVEIRA

04/30/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | DA COSTA OLIVEIRA, WILLIAM H |
| Address         | 4931 BRIGHTMOUR CIRCLE       |
| City-State-Zip: | ORLANDO FL 32837             |

|                 |                              |
|-----------------|------------------------------|
| Title           | MGR                          |
| Name            | DE LIMA OLIVEIRA, FERNANDA S |
| Address         | 4931 BRIGHTMOUR CIRCLE       |
| City-State-Zip: | ORLANDO FL 32837             |

|                 |                                            |
|-----------------|--------------------------------------------|
| Title           | MGR                                        |
| Name            | SALLES LIMA DE OLIVEIRA, PEDRO<br>HENRIQUE |
| Address         | 4931 BRIGHTMOUR CIRCLE                     |
| City-State-Zip: | ORLANDO FL 32837                           |

*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:** FERNANDA S DE LIMA OLIVEIRA

MRS

04/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date