

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000103768

**Entity Name:** REIS 4 ALL LLC**Current Principal Place of Business:**7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819**Current Mailing Address:**7901 KINGSPONTE PKWY STE 15  
ORLANDO, FL 32819 US**FEI Number:** 36-4941001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERNATIONAL DIVISION BY LARSON LLC  
7901 KINGSPONTE PKWY STE 15  
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

01/24/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MANAGER                                 |
| Name            | BARBOZA DOS REIS, RUIMAR                |
| Address         | ALAMEDA JULIA DA COSTA 1417<br>APTO 501 |
| City-State-Zip: | CURITIBA PR 80730-070                   |

|                 |                                         |
|-----------------|-----------------------------------------|
| Title           | MANAGER                                 |
| Name            | DE OLIVEIRA DOS REIS, EVANISE<br>MARIA  |
| Address         | ALAMEDA JULIA DA COSTA 1417<br>APTO 501 |
| City-State-Zip: | CURITIBA PR 80730-070                   |

*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:** RUIMAR BARBOZA DOS REIS

MANAGER

01/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date