## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000208999

Entity Name: 7'AS AMERICA LLC

**Current Principal Place of Business:** 

4101 WINFORD CIRCLE ORLANDO, FL 32839

**Current Mailing Address:** 4101 WINFORD CIRCLE ORLANDO, FL 32839 US

FEI Number: 84-2965714 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLERVRAIN, PIERRE ROBERT 4101 WINFORD CIRCLE ORLANDO, FL 32839 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: PIERRE CLERVRAIN 03/11/2024

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title SEC

CLERVRAIN, ROODE JOSPH, RWOBBY A. Name Name 4101 WINFORD Address 4101 WINFORD CIRCLE Address City-State-Zip: ORLANDO FL 32839 ORLANDO FL 32839

Title **MANAGER** Title MGR.

Name MOISE, JEANNINE DR. CINEUS, DELZS Name

Address 4563 S ORANGE BLOSSOM TRL Address 4101 WINFORD CIRCLE

SUITE 4 City-State-Zip: ORLANDO FL 32839

City-State-Zip: ORLANDO FL 32839

Title **PARENT** 

City-State-Zip:

BRANDAKO INC Name

4326 S SCATTERFIELD RD, SUITE 153 Address

**SUITE 153** 

City-State-Zip: ANDERSON IN 46013

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: ROODE CLERVRAIN

Electronic Signature of Signing Authorized Person(s) Detail

**OFFICER** 

03/11/2024

**FILED** Mar 11, 2024

**Secretary of State** 

9041682232CC

Date

Date