

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000242847

Entity Name: SAM & STUARTS LLC**Current Principal Place of Business:**7862 W IRLO BRONSON MEMORIAL HWY
262
KISSIMMEE, FL 34747**Current Mailing Address:**7862 W IRLO BRONSON MEMORIAL HWY
262
KISSIMMEE, FL 34747 US**FEI Number:** 84-3307936**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STUART LIMA, PEDRO HENRIQUE
7862 W IRLO BRONSON MEMORIAL HWY
262
KISSIMMEE, FL 34747 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:** PEDRO HENRIQUE STUART LIMA

01/12/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name STUART LIMA, PEDRO HENRIQUE
Address 7862 W IRLO BRONSON MEMORIAL HWY
262
City-State-Zip: KISSIMMEE FL 34747

Title AUTHORIZED MEMBER
Name STUART, MARIANA V
Address 7862 W IRLO BRONSON MEMORIAL HWY
262
City-State-Zip: KISSIMMEE FL 34747

Title AUTHORIZED MEMBER
Name DORTMUND INTERNATIONAL HOLDINGS CORP
Address SEA MEADOW HOUSE
P O BOX 116
City-State-Zip: ROAD TOWN TORTOLA BRITISH VIRGIN ISLANDS

Title AUTHORIZED MEMBER
Name COSENZA HOLDINGS INTERNATIONAL CORP
Address SEA MEADOW HOUSE
P O BOX 116
City-State-Zip: ROAD TOWN TORTOLA BRITISH VIRGIN ISLANDS

Title AUTHORIZED MEMBER
Name ROCKY MOUNTAINS GLOBAL CORP
Address SEA MEADOW HOUSE
P O BOX 116
City-State-Zip: ROAD TOWN TORTOLA BRITISH VIRGIN ISLANDS

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: PEDRO HENRIQUE STUART LIMA

AUTHORIZED MEMBER

01/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date