

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000065686

Entity Name: LV4 LLC

Current Principal Place of Business:

4439 LE REVE CT
KISSIMMEE, FL 34746

Current Mailing Address:

4439 LE REVE CT
KISSIMMEE, FL 34746 US

FEI Number: 36-4962276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DA SILVA, HELIANE B
4439 LE REVE CT
KISSIMMEE, FL 34746 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: HELIANE DA SILVA

01/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name DA SILVA, HELIANE B
Address R ELISIO DE ARAUJO,180,BL2,102
VARGEM PEQ
City-State-Zip: RIO DE JANEIRO RJ 22783-360

Title AMBR
Name TORRES, ANTONIO C R
Address R ELISIO DE ARAUJO,180,BL2,102
VARGEM PEQ
City-State-Zip: RIO DE JANEIRO RJ 22783-360

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: HELIANE DA SILVA

AMBR

01/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date