

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000196893

Entity Name: SEVEN DAYS MULTISERVICE, LLC**Current Principal Place of Business:**7027 W BROWARD BLVD
340
PLANTATION, FL 33317**Current Mailing Address:**7027 W BROWARD BLVD
340
PLANTATION, FL 33317 US**FEI Number:** 85-1647985**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VALMYR, YONER
7027 W BROWARD BLVD
340
PLANTATION, FL 33317 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	VALMYR, YONER
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	VP
Name	VALMYR, MARIE C
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	TREASURER
Name	VALMYR, DARREN T
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	ASST. SECRETARY
Name	DESORMES, KENDRICK
Address	7027 W BROWARD BLVD, 340
City-State-Zip:	PLANTATION FL 33317

Title	SECRETARY
Name	VALMYR, DAREENA C
Address	7027 W BROWARD BLVD 340
City-State-Zip:	PLANTATION FL 33317

Title	ASST. TREASURER
Name	VALMYR, BENAHAH S
Address	7027 W BROWARD BLVD 340
City-State-Zip:	PLANTATION FL 33317

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: YONER VALMYR

PRESIDENT

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date