

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000138851

Entity Name: DAILY SOLUTIONS FOR YOU LLC**Current Principal Place of Business:**4724 CORAL CASTLE DRIVE
KISSIMMEE, FL 34746**Current Mailing Address:**4724 CORAL CASTLE DRIVE
KISSIMMEE, FL 34746 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MEDEIROS SOUZA CORP
1711 AMAZING WAY
STE 213
OCOE, FL 34761-3491 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:** RUBEN SOUZA

04/27/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED REPRESENTATIVE
Name ELAINE CRISTINA PIRES DE SOUZA
Address 6165 CARRIER DRIVE, APRTMENT 1602
City-State-Zip: ORLANDO FL 32819

Title MANAGER
Name PIRES DE SOUZA, CAIO FILIPE
Address 4724 CORAL CASTLE DR
City-State-Zip: KISSIMMEE FL 34746

Title AMBR
Name ANDRE LUIS DE SOUZA
Address 6165 CARRIER DRIVE, APRTMENT 1602
City-State-Zip: ORLANDO FL 32819

Title MANAGER
Name PIRES DE SOUZA, BEATRIZ
Address 4724 CORAL CASTLE DR
City-State-Zip: KISSIMMEE FL 34746

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: ANDRE LUÍS DE SOUZA

AMBR

04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date