## 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. 04/17/2025

MANAGER

SIGNATURE: JHON F FIGUEROA

**Current Mailing Address:** 

**Current Principal Place of Business:** 

Entity Name: TIRE WORLD SOLUTIONS LLC

1352 SAWGRASS POINTE DR ORLANDO, FL 32824 US

DOCUMENT# L23000113281

# FEI Number: 92-2850960

### Name and Address of Current Registered Agent:

FIGUEROA, JHON F 1352 SAWGRASS POINTE DR ORLANDO, FL 32824 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:

648 THORPE RD ORLANDO. FL 32824

Electronic Signature of Registered Agent

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	FIGUEROA, JHON F	Name	VIGIL, CESAR
Address	1352 SAWGRASS POINTE DR	Address	1020 COSTA MESA LN
City-State-Zip:	ORLANDO FL 32824	City-State-Zip:	KISSIMMEE FL 34744

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date