

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000258926

**Entity Name:** 4 CORNERS SOLUTIONS LLC

**Current Principal Place of Business:**

48 W STORY RD  
ORLANDO, FL 34787

**Current Mailing Address:**

48 W STORY RD  
ORLANDO, FL 34787 US

**FEI Number:** 93-1715587

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ARANTES, ORFEU D  
48 W STORY RD  
ORLANDO, FL 34787 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 AUTHORIZED MEMBER, MANAGER  
Name ARANTES, ORFEU  
Address 48 W STORY RD  
City-State-Zip: ORLANDO FL 34787

Title AUTHORIZED MEMBER  
Name ARANTES, LUCIANA PINTO  
Address 48 W STORY RD  
City-State-Zip: WINTER GARDEN FL 34787

*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:** ORFEU DANIEL ARANTES

AMBR

02/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date