

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000359300

**Entity Name:** MULTIPLIER LLC

**Current Principal Place of Business:**

2305 LAKE DEBRA DR  
APT 2917  
ORLANDO, FL 32835

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**6014551168CC**

**Current Mailing Address:**

2305 LAKE DEBRA DR  
APT 2917  
ORLANDO, FL 32835 US

**FEI Number:** 93-2659571

**Certificate of Status Desired:** Yes

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

DA SILVA PIEROBON, GUILHERME SR.  
2305 LAKE DEBRA DR  
APT 2917  
ORLANDO, FL 32835 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:** GUILHERME DA SILVA PIEROBON

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DA SILVA PIEROBON, GUILHERME  
Address 2305 LAKE DEBRA DR  
APT 2917  
City-State-Zip: ORLANDO FL 32835

*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:** GUILHERME DA SILVA PIEROBON

AMBR

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date