

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000459478

**Entity Name:** O&D EXCELLENCE SERVICES LLC

**Current Principal Place of Business:**

7201 FIVE POINT CIRCLE  
APT 111  
TAMPA, FL 33634

**FILED**  
**Apr 21, 2024**  
**Secretary of State**  
**2763404869CC**

**Current Mailing Address:**

7201 FIVE POINT CIRCLE  
APT 111  
TAMPA, FL 33634 US

**FEI Number:** 93-3866673

**Certificate of Status Desired:** No

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

CLAUDIA LIMA TAX & ACCOUNTING LLC  
2546 AULD SCOT BLVD  
OCOEE, FL 34761 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	AMBR	Title	AMBR
Name	DIAS, HAIZA CELIA	Name	OLIVEIRA DA SILVA, RENATO
Address	7201 FIVE POINT CIRCLE APT 111	Address	7201 FIVE POINT CIRCLE APT 111
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

*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:** DIAS, HAIZA CELIA

**MANAGER**

**04/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date