

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000525282

Entity Name: MULTI TIRES LLC**Current Principal Place of Business:**6810 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810**Current Mailing Address:**6810 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810 US**FEI Number:** 99-0507112**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTELLANOS, MIGUEL
2749 N ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 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 MGR
Name MORALES, LISSY
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name CASTELLANOS, ELVA C
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name BELTRAN, SARA S
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name TEJADA, ADRIANA
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name ORDONEZ, MARIA P
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name CASTELLANOS, MIGUEL
Address 2749 N ORANGE BLOSSOM TRAIL
City-State-Zip: KISSIMMEE FL 34744

Title MGR
Name CASTELLANOS, LUIS M
Address 6810 N ORANGE BLOSSOM TRAIL
City-State-Zip: ORLANDO FL

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: MIGUEL CASTELLANOS

AMBR

02/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date