

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000525282

**Entity Name:** MULTI TIRES LLC

**Current Principal Place of Business:**

1104 US HWY 17 92 W  
HAINES CITY, FL 33844

**Current Mailing Address:**

2749 N ORANGE BLOSSOM TRAIL  
KISSIMMEE, FL 34744

**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

*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

**MGR**

**01/18/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date