

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000208203

**Entity Name:** HIGH PERFORMANCE AUTO CARE LLC

**Current Principal Place of Business:**

518 NE 26TH CT  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

518 NE 26TH CT  
POMPANO BEACH, FL 33064 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BARBOSA, THIAGO  
518 NE 26TH CR  
POMPANO BEACH, FL 33064 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  
Name            PAULA, LARISSA  
Address        518 NE 26TH CT  
City-State-Zip: POMPANO BEACH FL 33064

Title            AMBR  
Name            BARBOSA, THIAGO  
Address        518 NE 26TH CT  
City-State-Zip: POMPANO BEACH FL 33064

*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:** LARISSA PAULA

AM

04/09/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date