

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000025342

**FILED**  
**Feb 12, 2019**  
**Secretary of State**  
**6293310239CC**

**Entity Name:** PEREIRA INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

9150 S. DADELAND BLVD  
SUITE 1508  
MIAMI, FL 33156

**Current Mailing Address:**

9150 S. DADELAND BLVD  
SUITE 1508  
MIAMI, FL 33156 US

**FEI Number:** 20-0083094

**Certificate of Status Desired:** No

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

CMS INTERNATIONAL ENTERPRISES, INC  
2600 DOUGLAS ROAD  
400  
CORAL GABLES, FL 33134 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 MGRM  
Name PEREIRA, JOSE  
Address 9150 S. DADELAND BLVD. SUITE 1508  
City-State-Zip: MIAMI FL 33156

Title MGR  
Name PEREIRA, JOSE JR  
Address 9150 S. DADELAND BLVD. SUITE 1508  
City-State-Zip: MIAMI FL 33156

Title MGRM  
Name PEREIRA, DAVID  
Address 9150 S. DADELAND BLVD. SUITE 1508  
City-State-Zip: MIAMI FL 33156

*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:** DAVID PEREIRA

**MANAGER**

**02/12/2019**

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

\_\_\_\_\_  
Date