

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000048479

**Entity Name:** PATRICK CARMO DE OLIVEIRA LLC

**Current Principal Place of Business:**

10809 WEEPING WILLOW LN  
BELTSVILLE, MD 20705

**Current Mailing Address:**

10809 WEEPING WILLOW LN  
BELTSVILLE, MD 20705 US

**FEI Number:** 20-1306993

**Certificate of Status Desired:** No

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

EAGLE TAX REPRESENTATION, CORP  
23150 SANDALFOOT PLAZA DRIVE  
STE E  
BOCA RATON, FL 33428-6530 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	Title	MGRM
Name	DE OLIVEIRA, PATRICK C	Name	SANTOS, PAULA
Address	4311 CRYSTAL LAKE DR #308	Address	10809 WEEPING WILLOW LN
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	BELTSVILLE MD 20705

*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:** PAULA SANTOS

MNGR

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date