

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040786

**Entity Name:** ATG AMERICAS TRADING GROUP LLC

**Current Principal Place of Business:**

1111 BRICKELL AVENUE  
SUITE 1142  
MIAMI, FL 33131

**FILED**  
**Apr 09, 2021**  
**Secretary of State**  
**8095997944CC**

**Current Mailing Address:**

PRAIA DE BOTAFOGO  
501 SALA 202 TORRE PAO DE ACUCAR  
RIO DE JANEIRO, RIO DE JANEIRO RIO DE JANEIRO BR

**FEI Number:** 33-1220718

**Certificate of Status Desired:** No

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

WORLDWIDE CORPORATE ADMINISTRATORS LLC  
2330 PONCE DE LEON BLVD  
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:** JANICE CAYON

04/09/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |  |                 |  |
|-----------------|--|-----------------|--|
| Title           | MGR  | Title           | MGR  |
| Name            | PINHEIRO MACHADO, ARTHUR MARIO   | Name            | GURGEL DO AMARAL VALENTE, FRANCISCO  |
| Address         | ED. CENTRO EMPRESARIAL MOURISCO<br>PRAIA DE BOTAFOGO, 501/202<br>TORRE PÃO DE AÇÚCAR, BOTAFOGO | Address         | ED. CENTRO EMPRESARIAL MOURISCO<br>PRAIA DE BOTAFOGO, 501/202<br>TORRE PÃO DE AÇÚCAR, BOTAFOGO |
| City-State-Zip: | RIO DE JANEIRO RJ 22250-040  | City-State-Zip: | RIO DE JANEIRO RJ 22250-040  |

*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:** ARTHUR MARIO PINHEIRO MACHADO

MGR

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date