

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101047

**FILED**  
**Apr 01, 2013**  
**Secretary of State**  
**CC4813222347**

**Entity Name:** ATOS MANAGEMENT LLC

**Current Principal Place of Business:**

20379 W COUNTRY CLUB DR  
CORONADO CONDOS BLDG # 3 UNIT 534  
AVENTURA, FL 33180

**Current Mailing Address:**

RUA GUAPIAÇU 201 APTO 62  
VILA CLEMENTINO  
SAO PAULO, SP - BRAZIL 04024-020 BR

**FEI Number:** 90-0876158

**Certificate of Status Desired:** No

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

SAFETY BUSINESS LLC  
6220 S ORANGE BLOSSOM TRL.  
STE 600  
ORLANDO, FL 32809 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:** CRISTINA RIVERA

04/01/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name NOVELLI, HELENITA  
Address RUA GUAPIAQU 201 APTO 62  
City-State-Zip: VILA CLEMENTINO-SAO PAULO SP  
04024--020

Title MGRM  
Name ALIBERTI, RENATA  
Address AN ITACIRA 730  
City-State-Zip: PLANALTO PAULISTA - SAO PAUL SP  
04061--000

Title MGRM  
Name ALIBERTI FILHO, ROBERTO  
Address R DEP JOAO SUSSUMU HIRATA 365 -  
AP 54A  
City-State-Zip: VILA ADRADE - SAO PAULO SP  
05715--010

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERTO ALIBERTI FILHO

MR.

04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date