

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000101047

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:**NOVELLI, HELENITA
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:** HELENITA NOVELLI

03/10/2015

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

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

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: HELENITA NOVELLI

MGRM

03/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date