

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000107167

**Entity Name:** ESPER, LLC

**Current Principal Place of Business:**

9695 W. BROWARD BLVD.  
PLANTATION, FL 33324

**Current Mailing Address:**

9695 W. BROWARD BLVD.  
PLANTATION, FL 33324 US

**FEI Number:** 90-0879882

**Certificate of Status Desired:** No

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

WILLIAMS, DOUGLAS W  
9695 W. BROWARD BLVD.  
PLANTATION, FL 33324 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 MGR  
Name ESPER, LENICE  
Address RUA CARLOS GOMES,791  
APT 1002  
City-State-Zip: LORENA SÃO PAULO 12606-420

Title MGR  
Name ESPER, NILVA  
Address AV. HIGIENOPOLIS, 402, APT. 142  
City-State-Zip: SAO PAULO SP 01238--000

Title MGR  
Name ESPER, CARLOS ALBERTO  
Address RUA EXP GENESIO VALENTIM  
CORREIA,590  
City-State-Zip: LORENA 12606/420

*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:** LENICE ESPER

MGR

05/06/2019

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

\_\_\_\_\_ Date