2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2023
Secretary of State
7071259885CC

DOCUMENT# L13000017642

Entity Name: ARTEGRAFIA DIGITAL, LLC

Current Principal Place of Business:

20379 W COUNTRY CLUB DR
STE 2531
AVENTURA, FL 33180

Current Mailing Address:

20379 W COUNTRY CLUB DR
STE 2531
AVENTURA, FL 33180 US

FEI Number: 46-1957626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE OLIVEIRA, JOSE CARLOS C
20379 W COUNTRY CLUB DR
STE 2531
AVENTURA, FL 33180 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	OWNR
Name	CRUZ DE OLIVEIRA, JOSE CARLOS
Address	RUA JOAQUIM ROCHA CABRAL NÚMERO 14 #15A
City-State-Zip:	LISBOA PORTUGAL 16000

Title	OWNR
Name	J DE OLIVEIRA, GRAZIELLA CRISTINA
Address	RUA JOAQUIM ROCHA CABRAL NÚMERO 14 #15A
City-State-Zip:	LISBOA PORTUGAL 16000

Title	ASST. SECRETARY
Name	CRUZ DE OLIVEIRA, GIOVANNA
Address	RUA JOAQUIM ROCHA CABRAL NÚMERO 14 #15A
City-State-Zip:	LISBOA PORTUGAL 16000

Title	ASST. SECRETARY
Name	CRUZ DE OLIVEIRA, GIULIO
Address	RUA JOAQUIM ROCHA CABRAL NÚMERO 14 #15A
City-State-Zip:	LISBOA PORTUGAL 16000

Title	OWNR
Name	SOARES BRUNO, JOSE ROBERTO
Address	RUA ANADIA 125 ACLIMACAO
City-State-Zip:	SAO PAULO SP 04108

Title	OWNR
Name	PEDROSO MARINELLI, ANNA PAULA
Address	RUA ANADIA 125 ACLIMACAO
City-State-Zip:	SAO PAULO SP 04108

Title	ASST. SECRETARY
Name	MARINELLI, MARIA LUIZA
Address	RUA ANADIA 125 ACLIMACAO
City-State-Zip:	SAO PAULO SP 04108

Title	ASST. SECRETARY
Name	SOARES BRUNO, MARIANA IACONELLI
Address	RUA ANADIA 125 ACLIMACAO
City-State-Zip:	SAO PAULO SP 04108

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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: JOSE CARLOS CRUZ DE OLIVEIRA OWNR 03/24/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	SOARES BRUNO, GABRIELLA IACONELLI
Address	RUA ANADIA 125 ACLIMACAO
City-State-Zip:	SAO PAULO SP 04108