

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000014194

**Entity Name:** ATHOS DIACONO LLC

**Current Principal Place of Business:**

416 LAKEVIEW DR  
STE 202  
WESTON, FL 33326

**Current Mailing Address:**

PO BOX 268264  
WESTON, FL 33326 US

**FEI Number:** 46-5656421

**Certificate of Status Desired:** Yes

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

GA TAX SERVICES CORP  
416 LAKEVIEW DR  
STE 202  
WESTON, FL 33326 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:** FERNANDO GRIJALVA

04/29/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DIACONO , CLAUDIA N  
Address C/O GA TAX SERVICES CORP  
416 LAKEVIEW DR - STE 202  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name DIACONO MAGALHAES, FELIPE  
Address C/O GA TAX SERVICES CORP  
416 LAKEVIEW DR - STE 202  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name DIACONO MAGALHAES, MARCELO  
Address C/O GA TAX SERVICES CORP  
416 LAKEVIEW DR - STE 202  
City-State-Zip: WESTON FL 33326

Title MANAGER  
Name RATINETZ, EDUARDO  
Address 1390 BRICKELL AVE.  
SUITE 270  
City-State-Zip: MIAMI FL 33131

*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:** CLAUDIA DIACONO

MGRM

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date