

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000165612

Entity Name: PAROMAR INVESTMENTS, LLC

Current Principal Place of Business:

5728 MAJOR BLVD
SUITE 307
ORLANDO, FL 32819

FILED
May 01, 2024
Secretary of State
2072656558CC

Current Mailing Address:

9381 TRINANA CIR
WINTER GARDEN , FL 34787 US

FEI Number: 61-1748559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SA FINANCE & ACCOUNTING INC
5728 MAJOR BLVD
SUITE 307
ORLANDO, FL 32819 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: MARIA C SOUSA

05/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name MEXBOROUGH CORP.
Address 802 WEST BAY ROAD
P.O. BOX 10655
City-State-Zip: GRAND CAYMAN ISLAND KY1-1006

Title AMBR
Name SAYON ALENCAR, PATRICIA A
Address ALAMEDA DOS AICAS 159/03
City-State-Zip: SAO PAULO 04086-000

Title AMBR
Name SAYON, MARINA
Address RUA CAMPO VERDE N 660
City-State-Zip: SAO PAULO 01456-010

Title AMBR
Name SAYON, JUANITA ESPLIGARES
Address RUA CAMPO VERDE N 660
City-State-Zip: SAO PAULO 01456-010

Title MGR
Name SAYON, RICARDO
Address RUA CAMPO VERDE N 660
City-State-Zip: SAO PAULO 01456-010

Title AMBR
Name MEXBOROUGH CORP
Address 802 WEST BAY ROAD
PO BOX 10655
City-State-Zip: GRAND CAYMAN ISLAND

Title MGR
Name RIBEIRO, MARCO AURELIO R.
Address 9381 TRINANA CIR
City-State-Zip: WINTER GARDEN FL 34787

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: MEXBOROUGH CORP.

AMBR

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date