

**2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000011807

**Entity Name:** BIARAQ LLC

**Current Principal Place of Business:**

1191 E NEWPORT CENTER DR  
SUITE 103  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1191 E NEWPORT CENTER DR  
SUITE 103  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 61-1754159

**Certificate of Status Desired:** No

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

CSG - CAPITAL SERVICES GROUP INC  
1191 E NEWPORT CENTER DR  
SUITE 103  
DEERFIELD BEACH, FL 33442 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 AMBR  
Name OLIVEIRA, ROBERTO J  
Address 1191 E NEWPORT CENTER DR  
SUITE 103  
City-State-Zip: DEERFIELD BEACH FL 33442

Title AMBR  
Name SZAFRAN DE OLIVEIRA, BEATRIZ  
Address 1191 E NEWPORT CENTER DR  
SUITE 103  
City-State-Zip: DEERFIELD BEACH FL 33442

Title AMBR  
Name SZAFRAN DE OLIVEIRA, RAQUEL  
Address 1191 E NEWPORT CENTER DR  
SUITE 103  
City-State-Zip: DEERFIELD BEACH FL 33442

*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:** ROBERTO J OLIVEIRA

AMBR

05/20/2024

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

\_\_\_\_\_  
Date