

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000195997

**Entity Name:** PORTUGAL BEST FOOD LLC

**Current Principal Place of Business:**

2910 MAGUIRE ROAD  
SUITE 1008  
OCOEE, FL 34761

**Current Mailing Address:**

2910 MAGUIRE ROAD  
SUITE 1008  
OCOEE, FL 34761 US

**FEI Number:** 35-2547480

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
8615 COMMODITY CIR STE 06  
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:** CAROLINE LARSON

05/01/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name CRRP CONTABILIDADE E ASSESSORIA TRIBUTARIA LTDA - ME  
Address RUA EUNICE GODIM, 160 SALA 302, 303, 304 E 305  
City-State-Zip: RIO DE JANEIRO RJ BRAZIL 22795-350

Title MANAGER  
Name PORTUGAL, CARLOS  
Address 8911 BLUE MESA DRIVE  
City-State-Zip: WINDERMERE FL 34786

*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:** CARLOS PORTUGAL

MGR

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date