

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000172751

**Entity Name:** P.H.S.S. EMPREENDIMENTOS E PARTICIPACOES LTDA, LLC

**FILED**  
**May 30, 2023**  
**Secretary of State**  
**4965683243CC**

**Current Principal Place of Business:**

600 NORTHEAST 27TH STREET  
1201  
MIAMI, FL 33137

**Current Mailing Address:**

600 NORTHEAST 27TH STREET  
1201  
MIAMI, FL 33137 US

**FEI Number: 81-3858309**

**Certificate of Status Desired: No**

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

BETHENCOURT, HUMBERTO  
9608 SW 117TH AVE.  
MIAMI, FL 33186 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 MGR  
Name SARAFIAN , PAULO  
Address 9608 SW 117 AVE  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name SARAFIAN , HOVHANNES  
Address 9608 SW 117 AVE  
City-State-Zip: MIAMI FL 33186

Title MGR  
Name SARAFIAN, SARKIS  
Address 9608 SW 117 AVE  
City-State-Zip: MIAMI FL 33186

Title AUTHORIZED MEMBER  
Name BETHENCOURT, HUMBERTO C  
Address 9608 SW 117TH AVE.  
City-State-Zip: MIAMI FL 33186

Title MANAGER  
Name BETHENCOURT, HUMBERTO CARLOS  
Address 600 NORTHEAST 27TH STREET  
1201  
City-State-Zip: MIAMI FL 33137

*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: HUMBERTO CARLOS BETHENCOURT**

**MANAGER**

**05/30/2023**

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

\_\_\_\_\_  
Date