

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000172751

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

**FILED**  
**Jan 04, 2021**  
**Secretary of State**  
**5028693192CC**

**Current Principal Place of Business:**

9608 SW 117TH AVE.  
MIAMI, FL 33186

**Current Mailing Address:**

9608 SW 117TH AVE.  
MIAMI, FL 33186 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

*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: PAULO SARAFIAN**

**MGR**

**01/04/2021**

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

\_\_\_\_\_  
Date