|  | NGLAND W1U8BF GB  |  |  |                   |  |  |  |
|--|---|--|--|-------------------|--|--|--|
| FEI Number: 81-4152196                                     |   |  | Certificate of Status Desired                  | l: Yes            |  |  |  |
| Name and A   | ddress of Current Registered Agent:   |  |  |                   |  |  |  |
| MATLUC SERVI<br>2828 CORAL W.<br>SUITE 312<br>CORAL GABLES |   |  |  |                   |  |  |  |
|  |   | 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. |  |                   |  |  |  |
| The above named  | entity submits this statement for the purpose of changing its regist                        | ered office or regist  | tered agent, or both, in the State of Florida. |                   |  |  |  |
|  | entity submits this statement for the purpose of changing its regist<br>: NORONHA, CAROLINA | ered office or regist  |  | 8/21/2024         |  |  |  |
|  |   | ered office or regist  |  | 8/21/2024<br>Date |  |  |  |
| SIGNATURE  | NORONHA, CAROLINA   | ered office or regist  |  |                   |  |  |  |
| SIGNATURE  | NORONHA, CAROLINA Electronic Signature of Registered Agent                                  | ered office or regist  |  |                   |  |  |  |
| SIGNATURE  | NORONHA, CAROLINA     Electronic Signature of Registered Agent     Person(s) Detail :       |  | 03   |                   |  |  |  |
| SIGNATURE<br>Authorized F                                  | NORONHA, CAROLINA     Electronic Signature of Registered Agent Person(s) Detail :     MGR   | Title  | 03<br>MGR                                      |                   |  |  |  |

**49 GLOUCESTER PLACE MEWS** 

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: SERGIO LINS LIMA BRAGA FILHO MGR | 03/21/2024 |
|---|------------|
|---|------------|

Electronic Signature of Signing Authorized Person(s) Detail

Date

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000173365

Entity Name: MAYFAIR FAMILY INVESTMENTS LLC

## **Current Principal Place of Business:**

49 GLOUCESTER PLACE MEWS LONDON, ENGLAND W1U8BF

**Current Mailing Address:**