

2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L16000211988

Entity Name: ACAI CONCEPT LLC**Current Principal Place of Business:**33073 N STATE RD 7
COCONUT CREEK, FL 33073**Current Mailing Address:**33073 N STATE RD 7
COCONUT CREEK, FL 33073 US**FEI Number:** 37-1846514**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRIME INCOME TAX AND ACCOUNTING LLC
23269 STATE ROAD 7
SUITE 119
BOCA RATON, FL 33428 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:** RAFAELA VIEIRA

01/15/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR
Name	DE BARROS T DA SILVA, AUGUSTO MIGUEL M
Address	33073 N STATE RD 7
City-State-Zip:	COCONUT CREEK FL 33073

Title	AMBR
Name	BEZERRA DE MELO, RODRIGO C
Address	33073 N STATE RD 7
City-State-Zip:	COCONUT CREEK FL 33073

Title	AMBR
Name	MENDES ROCHA, LUIZ ARTUR
Address	33073 N STATE RD 7
City-State-Zip:	COCONUT CREEK FL 33073

Title	AMBR
Name	CARNEIRO DE ALMEIDA, JOSE G
Address	33073 N STATE RD 7
City-State-Zip:	COCONUT CREEK FL 33073

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: AUGUSTO MIGUEL M DE BARROS T DA SILVA

AMBR

01/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date