

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000212020

Entity Name: MASTER OPERATOR ACAI FLORIDA LLC

Current Principal Place of Business:

6562 N STATE ROAD 7
COCONUT CREEK, FL 33073

Current Mailing Address:

6562 N STATE ROAD 7
COCONUT CREEK, FL 33073 US

FEI Number: 61-1809069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAXMAN FIRM LLC
433 PLAZA REAL
SUITE 275
BOCA RATON, FL 33432 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 AMBR
Name CARNEIRO DE ALMEIDA, JOSE G
Address 6562 N STATE ROAD 7
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR
Name MENDES ROCHA, LUIZ ARTUR
Address 6562 N STATE ROAD 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: JOSE G CARNEIRO DE ALMEIDA

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date