

**2017 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:** LUIZ ARTUR MENDES ROCHA

MANAGER-MEMBER

03/02/2017

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

\_\_\_\_\_ Date