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.

MANAGER

SIGNATURE: AYANNE ALMEIDA

Electronic Signature of Signing Authorized Person(s) Detail

# DOCUMENT# L17000156709

Entity Name: AAA ALMEIDA MANAGEMENT LLC

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

3201 PARENTAL HOME ROAD JACKSONVILLE, FL 32216

## **Current Mailing Address:**

7 PADANARAM ROAD **UNIT 159** DANBURY, CT 06811 US

## FEI Number: NOT APPLICABLE

### Name and Address of Current Registered Agent:

ALMEIDA , AYANNE 7 PADANARAM ROAD **UNIT 159** DANBURY, FL 06811 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	AYANNE ALMEIDA			07/24/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	ALMEIDA, AYANNE G	Name	ALMEIDA, ALYSSA G	
Address	7 PADANARAM ROAD UNIT 159	Address	7 PADANARAM ROAD UNIT 15	9
City-State-Zip:	DANBURY CT 06811	City-State-Zip:	DANBURY CT 06811	
Title	MGR			
Name	ALMEIDA, AYLEEN G			
Address	7 PADANARAM ROAD UNIT 159			
City-State-Zip:	DANBURY CT 06811			

Certificate of Status Desired: No

Date

07/24/2019