2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000117995

Entity Name: GODKE LLC

Current Principal Place of Business:

4215 LINDY CIRCLE C/O ROBERT P. SANTOS, ESQ. ORLANDO, FL 32827

Current Mailing Address:

4215 LINDY CIRCLE C/O ROBERT P. SANTOS, ESQ. ORLANDO, FL 32827 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

SANTOS, ROBERT P 4215 LINDY CIRCLE C/O ROBERT SANTOS, ESQ ORLANDO, FL 32827 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 | ROBERT P. SANTOS, ESQ. | | 03/25/2024 |
|-----------------|---|-----------------|---|
| | Electronic Signature of Registered Agent | | Date |
| Authorized I | Person(s) Detail : | | |
| Title | AMBR | Title | AMBR |
| Name | GODKE VEIGA, MARCELO | Name | GODKE DE CARVALHO, ANNA MARIA |
| Address | R. GOMES DE CARVALHO 1666 15TH FLOOR #152 | Address | RUA GOMES DE CARVALHO 1666 15TH FLOOR #152 |
| City-State-Zip: | SÃO PAULO 04547006 | City-State-Zip: | SAO PAULO 04547006 |
| Title | AMBR | | |
| Name | CANUTTO, FERNANDO S | | |
| Address | RUA GOMES DE CARVALHO 1666 15TH FLOOR #152 | | |
| City-State-Zip: | SAO PAULO 04547006 | | |

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: MARCELO GODKE VEIGA

AMBR

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No