

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141315

**Entity Name:** BROTHERS ASSOCIATION MULTIPLE SERVICES LLC

**Current Principal Place of Business:**

5449 WILES RD UNIT 6-109  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5449 WILES RD UNIT 6-109  
COCONUT CREEK, FL 33073 US

**FEI Number:** 37-1902000

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CSI RA LLC  
15805 BISCAYNE BLVD #201  
AVENTURA, FL 33160 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:** PALOMA D. PINHA

04/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SIMOES FLORES, DOAHN  
Address 7421 EDINGER AVE, APT 312  
City-State-Zip: HUNTINGTON BEACH CA 92647

Title AMBR  
Name SIMOES FLORES, DIEGO L  
Address 5449 WILES RD UNIT 6-109  
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR  
Name GUSMAO, FERNANDA GURGEL  
Address 5449 WILES RD UNIT 6-109  
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:** SIMOES FLORES , DOAHN

AMBR

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date