

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000195553

Entity Name: BRAZILIAN BITES GOURMET LLC**Current Principal Place of Business:**793 WEST MONTROSE ST
KIOSK B-15
CLERMONT, FL 34711**Current Mailing Address:**793 WEST MONTROSE ST
KIOSK B-15
CLERMONT, FL 34711 US**FEI Number:** 85-1310795**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIGUEIRA, ALEXANDRE
793 WEST MONTROSE ST
KIOSK B-15
CLERMONT, FL 34711 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:** ALEXANDRE FIGUEIRA

04/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	FIGUEIRA, ALEXANDRE
Address	793 WEST MONTROSE ST KIOSK B-15
City-State-Zip:	CLERMONT FL 34711

Title	AMBR
Name	VIEIRA, CARLO R
Address	14072 LAKSPOR LAKE DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	AMBR
Name	VIANA, ANNA C
Address	17006 CRESTMONT BLVD
City-State-Zip:	CLERMONT FL 34711
Title	AMBR
Name	VIEIRA, ANA P
Address	14072 LAKSPUR LAKE DRIVE
City-State-Zip:	WINTER GARDEN FL 34787

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: ALEXANDRE FIGUEIRA**CO OWNER**

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date