

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000242949

**Entity Name:** PORTHIM USA LLC**Current Principal Place of Business:**357 MARCELLO BOULEVARD  
KISSIMMEE, FL 34746**Current Mailing Address:**8615 COMMODITY CIRCLE, SUITE 11  
ORLANDO, FL 32819 US**FEI Number:** 38-4097058**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EXPAT CONSULTING CORP  
8615 COMMODITY CIRCLE, SUITE 11  
ORLANDO, FL 32819 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 RODRIGUES GONCALVES, RUI  
MANUEL  
Address RUA WILTON PAES DE ALMEIDA, 25,  
CASA 3  
City-State-Zip: SAO PAULO SP 05678-020

Title AMBR  
Name CUNHA GONCALVES, MAGNA A  
ARAUJO  
Address RUA WILTON PAES DE ALMEIDA, 25,  
CASA 3  
City-State-Zip: SAO PAULO SP 05678-020

Title AMBR  
Name DA CUNHA GONCALVES, THIAGO  
Address RUA FRANCISCO PESSOA, 800  
City-State-Zip: SAO PAULO SP 05727-300

Title AMBR  
Name GONCALVES, IVO DA CUNHA  
Address RUA WILTON PAES DE ALMEIDA, 25,  
CASA 3  
City-State-Zip: SAO PAULO SP 05678-020

Title AMBR  
Name GONCALVES, HUGO DA CUNHA  
Address RUA WILTON PAES DE ALMEIDA, 25,  
CASA 3  
City-State-Zip: SAO PAULO SP 05678-020

*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:** HUGO DA CUNHA GONCALVES

AMBR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date