

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000248210

Entity Name: AMB CARNIVAL TICKETS AND TOURISM, LLC**Current Principal Place of Business:**2815 DIRECTORS ROW, STE 100
OFFICE 473
ORLANDO, FL 32809**Current Mailing Address:**2815 DIRECTORS ROW, STE 100
OFFICE 473
ORLANDO, FL 32809 US**FEI Number:** 32-0582169**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COMPANY COMBO, LLC
7345 W SAND LAKE RD
STE 210
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	OLIVEIRA VILLAS BOAS, VITOR
Address	RUA PITUBA, 138, APT 307
City-State-Zip:	SALVADOR BA 41820-710
Title	AMBR
Name	GREC SAMPAIO NEIVA, ARTHUR
Address	AV. ALPHAVILLE, 296, TORRE 03, APT 1002
City-State-Zip:	SALVADOR BA 41701-015

Title	AMBR
Name	PERRONE SILVA PRATA, VITOR HUGO
Address	AV. ALPHAVILLE, 635, TORRE RONI, APT 1301
City-State-Zip:	SALVADOR BA 41701-015

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: VITOR OLIVEIRA VILLAS BOAS

AMBR

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date