

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000279202

Entity Name: PITT ETOILE LLC**Current Principal Place of Business:**150 SE 2ND AVE, STE 800
MIAMI, FL 33131**Current Mailing Address:**153 E FLAGLER ST
#151
MIAMI, FL 33131 US**FEI Number:** 83-2742558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** CATHERINE BOTTICELLI

07/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name RVG INVESTMENTS LTD
Address TRIDENT CHAMBERS
PO BOX-146
City-State-Zip: ROAD TOWN, TORTOLA TO

Title MGR
Name RIBEIRO VALADARES GONTIJO,
RICARDO
Address RUA RIO DE JANEIRO 2573 APT 1201
City-State-Zip: BELO HORIZONTE 30160--042

Title MGR
Name RIBEIRO VALADARES GONTIJO, ANA
CAROLINA
Address RUA JOSE FERREIRA CASCAO 30
APT 19
City-State-Zip: BELO HORIZONTE 30320--720

Title MGR
Name RIBEIRO VALADARES GONTIJO, ANA
LUCIA
Address RUA PROFESSOR GIORGIO
SCHREIBER 99
City-State-Zip: BELO HORIZONTE 30210--430

Title MGR
Name VALADARES GONTIJO, RICARDO
Address RUA PROFESSOR GIORGIO
SCHREIBER 99
City-State-Zip: BELO HORIZONTE MG 30210--430

Title MGR
Name INTERCORP INTERNATIONAL RA LLC
Address 150 SE 2ND AVE, STE 808
City-State-Zip: MIAMI FL 33131

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: ANA CAROLINA RIBEIRO VALADARES GONTIJO

MANAGER

07/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date