

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000281140

**Entity Name:** ATO PROS, LLC

**Current Principal Place of Business:**

10018 SPANISH ISLES BLVD  
SUITE A55  
BOCA RATON, FL 33498

**Current Mailing Address:**

10018 SPANISH ISLES BLVD  
SUITE A55  
BOCA RATON, FL 33498 US

**FEI Number:** 83-2567636

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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            RALYTICS, LLC  
Address        2255 GLADES ROAD, SUITE 324A  
City-State-Zip: BOCA RATON FL 33428

Title            DIRECTOR, MGR, AMBR  
Name            GUBERT GALVAO, JOAO LUIZ  
Address        10018 SPANISH ISLES BLVD  
                 SUITE A55  
City-State-Zip: BOCA RATON FL 33498

*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:** DAVID DHALA

**CONTROLLER**

**07/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date