

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000127673

**Entity Name:** MATTOS INSURANCE & TRAFFIC SCHOOL LLC

**Current Principal Place of Business:**

569 EAST SAMPLE RD.  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

569 EAST SAMPLE RD.  
POMPANO BEACH, FL 33064 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

KULBERG, ROSS DAVID ESQ.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 2400  
MIAMI, FL 33131 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:** ROSS DAVID KULBERG

04/23/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name SILVA, ANDRE  
Address 569 EAST SAMPLE RD.  
City-State-Zip: POMPANO BEACH FL 33064

Title MANAGER  
Name SOARES DA SILVA, ANDREA K  
Address 569 EAST SAMPLE RD.  
City-State-Zip: POMPANO BEACH FL 33064

Title MANAGER  
Name MANGUERA, TIAGO  
Address 569 EAST SAMPLE RD.  
City-State-Zip: POMPANO BEACH FL 33064

*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:** SILVA , ANDRE

MANAGER

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date