

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000168601

**Entity Name:** AR FOODS LLC

**Current Principal Place of Business:**

3111 N UNIVERSITY DR., STE 105  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N UNIVERSITY DR., STE 105  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 85-1609237

**Certificate of Status Desired:** No

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

ROMAR SPRINGS LLC  
3111 N UNIVERSITY DR., STE 105  
CORAL SPRINGS, FL 33065 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 APROM TECH LLC  
Address 8205 BANPO BRIDGE WAY  
City-State-Zip: DELRAY BEACH FL 33446

Title AMBR  
Name CHAMMAS, ALEXANDRE  
Address 8263 LOST CREEK LN  
City-State-Zip: DELRAY BCH FL 33446

Title AMBR  
Name WALO DTP CORPORATION  
Address 806 VERONA STREET SUITE 1  
City-State-Zip: KISSIMMEE FL 34741

Title AMBR  
Name OMATI, THIAGO  
Address 101 E CAMINO REAL  
APT 621  
City-State-Zip: BOCA RATON FL 33432

Title AMBR  
Name SCARPA RE2 INVESTMENTS LLC  
Address 8182 BANPO BRIDGE WAY  
City-State-Zip: DELRAY BEACH FL 33446

*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:** ALEXANDRE CHAMMAS

**PARTNER**

**04/27/2022**

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

\_\_\_\_\_  
Date