

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000358011

**Entity Name:** FATHER LLC**Current Principal Place of Business:**201 S. BISCAYNE BLVD. SUITE 1200  
MIAMI, FL 33131**Current Mailing Address:**201 S. BISCAYNE BLVD. SUITE 1200  
MIAMI, FL 33131 US**FEI Number:** 61-2001613**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAZIL 2 USA LLC  
8600 COMMODITY CIR. 139  
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	PATRICIA PEREIRA, SHEYLA
Address	R. BENJAMIN CONSTANT 02670, APT 1003
City-State-Zip:	BLUMENAU SC 89035-100

Title	AMBR
Name	BERNADINO PEREIRA, OSCAR
Address	R. GOTTLIEB REIF 00077 APT 1204
City-State-Zip:	BLUMENAU SC 89031-270

Title	AMBR
Name	GUILHERME RAITEZ, THIAGO
Address	R. ARISTILIANO RAMOS 531, APT 504
City-State-Zip:	TIMBO SC 89120-000

*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:** SHEYLA PATRICIA PEREIRA

AMBR

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date