2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000058651

Entity Name: LUCAS FONTE LLC

Current Principal Place of Business:

4814 CAYVIEW AVENUE 109 ORLANDO, FL 32819

Current Mailing Address:

4814 CAYVIEW AVENUE 109 ORLANDO, FL 32819 US

FEI Number: 88-0740378

Name and Address of Current Registered Agent:

SUPRA TAX LLC 6675 WESTWOOD BLVD STE 330 ORLANDO, FL 32821 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 | PEDRO CASTILLO | | 04/18/2023 |
|-------------------------------|---|-----------------|---|
| | Electronic Signature of Registered Agent | | Date |
| Authorized Person(s) Detail : | | | |
| Title | AMBR | Title | AMBR |
| Name | FERNANDES LUCAS, EDUARDO | Name | DA FONTE LUCAS, MARIA DE F |
| Address | R. PROF. JOSE HORACIO MEIRELLES TEIXEIRA | Address | R. PROF. JOSE HORACIO MEIRELLES TEIXEIRA |
| City-State-Zip: | SAO PAULO SP 05630130 | City-State-Zip: | SAO PAULO SP 05630130 |
| Title | AMBR | Title | AMBR |
| Name | FONTE LUCAS, FABIO | Name | FONTE LUCAS, RAFAEL |
| Address | R. PROF. JOSE HORACIO MEIRELLES TEIXEIRA | Address | R ELIZABETH BARBEGIAN BALDINATO, 221 |
| City-State-Zip: | SAO PAULO SP 05630130 | City-State-Zip: | SAO PAULO SP 05630070 |

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.

AMBR

SIGNATURE: EDUARDO FERNANDES LUCAS

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/18/2023 Date