# that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

City-State-Zip: MIAMI FL 33156

	5 5 5		
Authorized Person(s) Detail :			
Title	MGRM	Title	MGR
Name	PEREIRA, JOSE	Name	PEREIRA, JOSE JR
Address	9150 S. DADELAND BLVD. SUITE 1508	Address	9150 S. DADELAND BLVD. SUITE 1508
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156
Title	MGRM		
Name	PEREIRA, DAVID		
Address	9150 S. DADELAND BLVD. SUITE 1508		

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.

# FEI Number: 20-0083094 Name and Address of Current Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC 2600 DOUGLAS ROAD

400 CORAL GABLES, FL 33134 US

SIGNATURE:

9150 S. DADELAND BLVD **SUITE 1508** MIAMI, FL 33156 US

## **Current Principal Place of Business:**

Electronic Signature of Registered Agent

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: PEREIRA INVESTMENT GROUP, LLC

9150 S. DADELAND BLVD **SUITE 1508** MIAMI, FL 33156

DOCUMENT# L03000025342

#### **Current Mailing Address:**

### Certificate of Status Desired: No

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

SIGNATURE: DAVID PEREIRA

MGMR

03/21/2017



Date

FILED Mar 21, 2017 Secretary of State CC1266627984