

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000053782

Entity Name: AGS PAIVA LLC**Current Principal Place of Business:**5401 S. KIRKMAN RD
STE # 135
ORLANDO, FL 32819**Current Mailing Address:**5401 S. KIRKMAN RD
STE # 135
ORLANDO, FL 32819 US**FEI Number:** 46-2516492**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**US TAX CONSULTING INC
5401 S. KIRKMAN RD
STE # 135
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	MGRM
Name	DE PAIVA, ALEXANDRE F
Address	RUA JOSE IZIDORO BIAZETTO, 1324, CAMPO COMPRIDO APT 122
City-State-Zip:	CURITIBA PARANA 81200-240

Title	MGRM
Name	KLUPPEL DE PAIVA, GABRIELA R. N
Address	RUA JOSE IZIDORO BIAZETTO, 1324, CAMPO COMPRIDO APT 122
City-State-Zip:	CURITIBA PARANA 81200-240

Title	MGRM
Name	KLUPPEL DE PAIVA, SOFIA
Address	RUA JOSE IZIDORO BIAZETTO, 1324, CAMPO COMPRIDO APT 122
City-State-Zip:	CURITIBA PARANA 81200-240

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: DE PAIVA , ALEXANDRE F

MGRM

02/27/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date