

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000098021

**Entity Name:** CMU OFF LLC

**Current Principal Place of Business:**

589 E SAMPLE RD  
SUITE 265  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

589 E SAMPLE RD  
SUITE 265  
POMPANO BEACH, FL 33064 US

**FEI Number:** 47-1140030

**Certificate of Status Desired:** No

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

OLIVEIRA FROES, WALTER LUIZ D  
589 E SAMPLE RD  
SUITE 265  
POMPANO BEACH, FL 33064 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 MGR  
Name OLIVEIRA FROES, WALTER LUIZ D  
Address 589 E SAMPLE RD SUITE 265  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name FROES NETO, WALTER  
Address 589 E SAMPLE RD SUITE 265  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name V FROES, CAMILA M  
Address 589 E SAMPLE RD SUITE 26  
City-State-Zip: POMPANO BEACH FL 33064

*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:** WALTER FROES NETO

**MGR**

**04/29/2021**

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

\_\_\_\_\_  
Date