

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000129417

**Entity Name:** ALCAZAS MASET, LLC

**Current Principal Place of Business:**

893 NW 47TH ST  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

PRAÇA CONEGO LAURENTINO ALVARES, 154  
MONTE APRAZIVEL, SAO PAULO 15150000 BR

**FEI Number:** 35-2514539

**Certificate of Status Desired:** No

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

EAGLE TAX REPRESENTATION CORP  
5493 WILES ROAD  
105  
COCONUT CREEK, FL 33073 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 MASET JUNIOR, PEDRO A  
Address RUA ALIPIO BASTOS 32  
City-State-Zip: MONTE APRAZIVEL SP 15150-000

Title AMBR  
Name MASET, FABIOLA P A  
Address RUA ALIPIO BASTOS 32  
City-State-Zip: MONTE APRAZIVEL SP 15150-0000

Title AMBR  
Name MASET, MURILO A  
Address RUA ALIPIO BASTOS 32  
City-State-Zip: MONTE APRAZIVEL SP 15150-000

Title AMBR  
Name MASET, ANA LUIZA A  
Address RUA ALIPIO BASTOS 32  
City-State-Zip: MONTE APRAZIVEL SP 15150-000

*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:** ANA LUIZA ALCAZAS MASET

02/08/2019

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

\_\_\_\_\_  
Date