

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000185315

Entity Name: ARYBRASIL LLC**Current Principal Place of Business:**7000 ISLAND BLVD.
501
AVENTURA, FL 33160**Current Mailing Address:**7000 ISLAND BLVD.
501
AVENTURA, FL 33160 US**FEI Number:** 35-2521828**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOMES, SCARLETT
13012 RIVERWALK CIR N
PLANTATION, FL 33325 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:** SCARLETT GOMES

06/02/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SARAIVA BRASIL, CLAUDIO H
Address 7000 ISLAND BLVD., #501
City-State-Zip: AVENTURA FL 33160

Title MGR
Name ARY BRASIL, SANDRA J
Address 7000 ISLAND BLVD., #501
City-State-Zip: AVENTURA FL 33160

Title MGR
Name ARY BRASIL, CLAUDIO J.
Address 7000 ISLAND BLVD.
501
City-State-Zip: AVENTURA FL 33160

Title MGR
Name ARY BRASIL, RAFAEL J
Address 7000 ISLAND BLVD.
501
City-State-Zip: AVENTURA FL 33160

Title MGR
Name ARY BRASIL, HENRIQUE J
Address 7000 ISLAND BLVD.
501
City-State-Zip: AVENTURA FL 33160

Title MGR
Name ARY BRASIL, SARA J
Address 7000 ISLAND BLVD.
501
City-State-Zip: AVENTURA FL 33160

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: CLAUDIO SARAIVA BRASIL

MGR

06/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date