

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000022531

**Entity Name:** BARREIRA & LIMA LLC

**Current Principal Place of Business:**

8865 COMMODITY CIR. STE 11-201  
ORLANDO, FL 32819

**Current Mailing Address:**

8865 COMMODITY CIR. STE 11-201  
ORLANDO, FL 32819 US

**FEI Number:** 32-0458034

**Certificate of Status Desired:** No

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

SODRE BARREIRA, CRISTINE M  
8865 COMMODITY CIR. STE 11-201  
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 MGR  
Name SODRE BARREIRA, CRISTINE M  
Address RUA TOM JOBIN 326 CASA 201 B COUNTRY  
City-State-Zip: CASCAVEL PR 85813-410

Title AMBR  
Name BARREIRA, CARLOS AUGUSTO  
Address RUA TOM JOBIN 326 CASA 201 B COUNTRY  
City-State-Zip: CASCAVEL PR 85813-410

Title AMBR  
Name BRAGA DE LIMA, GEANDRO  
Address RUA CIPRESTE 637 CASA 13 B PARQUE VERDE  
City-State-Zip: CASCAVEL PR 85807-700

Title MGR  
Name TEIXEIRA DE LIMA, ADRIANA  
Address RUA CIPRESTE 637 CASA 13 B PARQUE VERDE  
City-State-Zip: CASCAVEL PR 85807-700

*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:** GEANDRO BRAGA DE LIMA

AMBR

04/11/2018

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

\_\_\_\_\_ Date