

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000154544

Entity Name: FOUR BRAINS LLC

Current Principal Place of Business:

7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819

Current Mailing Address:

7901 KINGSPONTE PKWY STE 17
ORLANDO, FL 32819 US

FEI Number: 30-0884229

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING GROUP
7901 KINGSPONTE PKWY STE 17
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: CAROLINE G LARSON

01/10/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MANSUR ZOGBI, VINICIUS
Address R DINA SFAT 230 CASA 2
City-State-Zip: RIO DE JANEIRO RJ 22793-338

Title MANAGER
Name GRASSANO FILHO, ROBERTO
Address PRACA MARIA CLARA MACHADO 10
City-State-Zip: RIO DE JANEIRO RJ 22793-343

Title MANAGER
Name DA COSTA CRUZ, PAULO LUIZ
Address RUA CESAR LATTES 480 BL 03 AP 601
City-State-Zip: RIO DE JANEIRO RJ 22793-329

Title MANAGER
Name MENEZES SILVARES, ARTHUR
Address PRACA MARIA CLARA MACHADO 70
 CASA 1
City-State-Zip: RIO DE JANEIRO RJ 22793-343

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: MANSUR ZOGBI , VINICIUS

MANAGER

01/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date