

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000171207

**Entity Name:** CHIARA CARRIER LLC

**Current Principal Place of Business:**

1733 BENBOW CT,  
UNIT 5  
APOPKA, FL 32703

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC3681287708**

**Current Mailing Address:**

1733 BENBOW CT,  
UNIT 5  
APOPKA, FL 32703 US

**FEI Number:** 47-5261320

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD  
STE # 135  
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            AMBR  
Name            DE OLIVEIRA CHIARA, MAURICIO  
Address        11664 HAMPSTEAD ST  
City-State-Zip: WINDERMERE FL 34786

Title            AMBR  
Name            VIEIRA CHIARA, ISABELA A  
Address        11664 HAMPSTEAD ST  
City-State-Zip: WINDERMERE FL 34786

*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:** DE OLIVEIRA CHIARA , MAURICIO

AMBR

02/09/2018

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

\_\_\_\_\_  
Date