

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000062505

**Entity Name:** INFORHABITAT INTERNATIONAL LLC

**Current Principal Place of Business:**

1600 SW 1ST AVENUE  
LEPARC-UNIT 407  
MIAMI, FL 33129

**Current Mailing Address:**

1600 SW 1ST AVENUE  
LEPARC-UNIT 407  
MIAMI, FL 33129 US

**FEI Number:** 81-2215406

**Certificate of Status Desired:** No

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

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVE., SUITE 400  
MIAMI, FL 33131 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                                   | Title           | MGR                                   |
| Name            | BARATA, PEDRO                         | Name            | MELO PINTO, JOSE DE                   |
| Address         | 1600 SW 1ST AVENUE<br>LEPARC-UNIT 407 | Address         | 1600 SW 1ST AVENUE<br>LEPARC-UNIT 407 |
| City-State-Zip: | MIAMI FL 33129                        | City-State-Zip: | MIAMI FL 33129                        |

*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:** BARATA , PEDRO

MGR, CMS AUTH REP

04/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date