## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000135699

Entity Name: CASTILHA NYITRAY LLC

**Current Principal Place of Business:** 

4438 OLD SYCAMORE LOOP WINTER GARDEN. FL 34787

**Current Mailing Address:** 

323 FOREST BEND DR MT JULIET. TN 37122 US

FEI Number: 36-4842768 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING AND CONSULTING SERVICES 7901 KINGSPOINTE 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 04/18/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR** 

NYITRAY FERREIRA, FELIPE Name Name SILVA CASTILHA, SHEILA

**AUGUSTO** 

Address 323 FOREST BEND DR Address 323 FOREST BEND DR City-State-Zip: MT JULIET TN 37122

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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: FELIPE AUGUSTO NYITRAY FERREIRA

**MANAGER** 

04/18/2018

**FILED** Apr 18, 2018

**Secretary of State** 

CC4163659857

Electronic Signature of Signing Authorized Person(s) Detail

Date