

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000142791

**Entity Name:** AFS PARTICIPACAO LLC

**Current Principal Place of Business:**

8571 SHOREACRES ST  
BOCA RATON, FL 33434

**Current Mailing Address:**

8614 SHOREACRES ST  
BOCA RATON, FL 33434 US

**FEI Number:** 38-4010468

**Certificate of Status Desired:** Yes

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

SILVA, ANTONIO  
8614 SHOREACRES ST  
BOCA RATON, FL 33434 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:** ANTONIO SILVA

04/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER  
Name            SILVA, ANTONIO  
Address        RUA SETUBAL,638 APT. 2802  
City-State-Zip: RECIFE 51030-010

*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:** ANTONIO SILVA

MANAGER

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date