

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100607

**Entity Name:** ALMALIBRE ACAI, LLC

**Current Principal Place of Business:**

514 STURBRIDGE CT  
KING OF PRUSSIA, PA 19406

**Current Mailing Address:**

1300 NW 84TH AVE  
DORAL, FL 33126 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CARMENATES LAW FIRM P.A.  
1300 NW 84TH AVE  
DORAL, FL 33126 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 BARRIOS, CAMILA  
Address 514 STURBRIDGE CT  
City-State-Zip: KING OF PRUSSIA PA 19406

Title AMBR  
Name CARNEIRO BALLAMINUT, CARLOS E  
Address 514 STURBRIDGE CT  
City-State-Zip: KING OF PRUSSIA PA 19406

Title AMBR  
Name LIMA CENTOLA, FLAVIO DA COST  
Address 514 STURBRIDGE CT  
City-State-Zip: KING OF PRUSSIA PA 19406

Title AMBR  
Name MUNHOZ DE ALMEIDA, RODRIGO E  
Address 514 STURBRIDGE CT  
City-State-Zip: KING OF PRUSSIA PA 19406

*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:** CARNEIRO BALLAMINUT , CARLOS E

AMBR

05/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date