2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000215089

Entity Name: OFNER AMERICAS LLC

Current Principal Place of Business:

150 SE 2ND AVE SUITE 906

MIAMI. FL 33131

Current Mailing Address:

150 SE 2ND AVE SUITE 906 MIAMI, FL 33131 US

FEI Number: 36-4909751 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VDT CORPORATE SERVICES LLC 150 SE 2ND AVE SUITE 905 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:

Address

Date Electronic Signature of Registered Agent

FILED Apr 28, 2021

Secretary of State

3543058960CC

Date

Authorized Person(s) Detail:

Title MGR Title MGR

Name MARTINS DA COSTA, AMERICO Name MARTINS DA COSTA, MARIO 150 SE 2ND AVE SUITE 906 150 SE 2ND AVE SUITE 906 Address Address

City-State-Zip: MIAMI FL 33131 MIAMI FL 33131 City-State-Zip:

Title MGR Title MGR

Name MARTINS DA COSTA, MARIO JR MARTINS DA COSTA, ALEXANDRE Name **MEIRELES**

Address 150 SE 2ND AVE SUITE 906 150 SE 2ND AVE SUITE 906

MIAMI FL 33131 City-State-Zip:

City-State-Zip: MIAMI FL 33131 Title MGR

Title MGR Name FERNANDO DA COSTA, JOSE

DA COSTA EICHENBERGER, KATIA Name

Address 150 SE 2ND AVE SUITE 906 **PALMIRA**

City-State-Zip: MIAMI FL 33131 Address 150 SE 2ND AVE SUITE 906

City-State-Zip: MIAMI FL 33131

Title MGR

City-State-Zip:

Name PEREIRA OSORIO, GUILHERME

MIAMI FL 33131

150 SE 2ND AVE SUITE 906 Address

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.

04/28/2021 SIGNATURE: MARTINS DA COSTA, MARIO **MGR**

Electronic Signature of Signing Authorized Person(s) Detail