

2023 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

FILED
Apr 19, 2023
Secretary of State
1174337620CC

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
Name MARTINS DA COSTA, AMERICO
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name MARTINS DA COSTA, MARIO
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name MARTINS DA COSTA, ALEXANDRE MEIRELES
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name MARTINS DA COSTA, MARIO JR
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name DA COSTA EICHENBERGER, KATIA PALMIRA
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name FERNANDO DA COSTA, JOSE
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

Title MGR
Name PEREIRA OSORIO, GUILHERME
Address 150 SE 2ND AVE SUITE 906
City-State-Zip: MIAMI FL 33131

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: MARTINS DA COSTA , MARIO

MGR

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date