

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000281140

Entity Name: ATO PROS, LLC**Current Principal Place of Business:**151 NE 5TH AVENUE
SUITE C-02
DELRAY BEACH, FL 33483**Current Mailing Address:**151 NE 5TH AVENUE SUITE C-02
DELRAY BEACH, FL 33483 US**FEI Number:** 83-2567636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	RALYTICS, LLC
Address	2255 GLADES ROAD, SUITE 324A
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR, MGR, AMBR
Name	GUBERT GALVAO, JOAO LUIZ
Address	10018 SPANISH ISLES BLVD SUITE A55
City-State-Zip:	BOCA RATON FL 33498

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: DAVID DHALA**CONTROLLER****02/08/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date