

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000450790

**Entity Name:** AB TROPIC GROUP USA LLC

**Current Principal Place of Business:**

2713 OAKMONT COURT  
WESTON, FL 33332

**Current Mailing Address:**

2713 OAKMONT COURT  
WESTON, FL 33332 US

**FEI Number:** 87-3186509

**Certificate of Status Desired:** No

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

MARQUEZ, REINALDO  
2713 OAKMONT COURT  
WESTON, FL 33332 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 PIEVE, RAMON  
Address 916 NW 110TH AVE  
City-State-Zip: PLANTATION FL 33324

Title AMBR  
Name ARAUCARIA GROUP INC  
Address 2528 EAGLE RUN CIR  
City-State-Zip: WESTON FL 33327

Title AMBR  
Name MARQUEZ, REINALDO  
Address 2713 OAKMONT COURT  
City-State-Zip: WESTON FL 33332

Title AMBR  
Name FERNAN, ENRICO A  
Address 916 NW 110TH AVE  
City-State-Zip: PLANTATION FL 33324

*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:** MARQUEZ , REINALDO

AMBR

04/25/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date