

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000192625

**Entity Name:** SYSTEM MANAGER TECNOLOGIA LLC

**Current Principal Place of Business:**

14501 GROVE RESORT AVE.  
UNIT 2204  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

14501 GROVE RESORT AVE.  
UNIT 2204  
WINTER GARDEN, FL 34787 US

**FEI Number:** 88-2262014

**Certificate of Status Desired:** Yes

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

PARCERIA COMERCIAL LLC  
1317 EDGEWATER DR.  
SUITE 2962  
ORLANDO, FL 32804 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            AR  
Name            PANDOLFI, ORLANDO  
Address        1317 EDGEWATER DR. SUITE 2962  
City-State-Zip: ORLANDO FL 32804

Title            AMBR  
Name            DA SILVA, LEANDRO J  
Address        RUA ARINAIA 312 APT. 241C  
City-State-Zip: SAO PAULO SP 03171--040

Title            AMBR  
Name            DA SILVA, DAMARIS R  
Address        RUA ARINAIA 312 APT. 241C  
City-State-Zip: SAO PAULO SP 03171--040

*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:** ORLANDO PANDOLFI

AR

04/18/2024

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

\_\_\_\_\_  
Date