

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400009248

**Entity Name:** SOUTHERN BRAS LLC

**Current Principal Place of Business:**

4483 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4483 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**FEI Number:** 47-1382296

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD STE 135  
ORLANDO, FL 32819 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           MANAGER  
Name           COELHO DE MELO, RODOLFO V  
Address        4483 SOUTHSIDE BLVD  
City-State-Zip: JACKSONVILLE FL 32216

Title           MANAGER  
Name           POTRICH, ALEX ANDERSON MR  
Address        5427 MOONGLOW BLVD  
City-State-Zip: ORLANDO FL 32839

Title           MANAGER  
Name           SIMONETTI, PAULO CESAR  
Address        4483 SOUTHSIDE BLVD  
City-State-Zip: JACKSONVILLE FL 32216

Title           MANAGER  
Name           RIZZON, JOAO CLAUDIOMIRO  
Address        7816 SOUTHSIDE BLVD  
                  APT. # 61  
City-State-Zip: JACKSONVILLE FL 32256

*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:** RIZZON , JOAO CLAUDIOMIRO

**MANAGER**

**04/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date