

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000332037

**Entity Name:** POLIANE NOVAES LLC

**Current Principal Place of Business:**

11321 NW 37 ST  
SUNRISE, FL 33323

**Current Mailing Address:**

11321 NW 37 ST  
SUNRISE, FL 33323

**FEI Number: 87-1802441**

**Certificate of Status Desired:** No

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

DOS SANTOS, POLIANE N  
11321 NW 37 ST  
SUNRISE, FL 33323 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 MGR  
Name DOS SANTOS, MARLOS  
Address 11321 NW 37 ST  
City-State-Zip: SUNRISE FL 33323

*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: DOS SANTOS, MARLOS**

**MANAGER**

**03/09/2023**

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

\_\_\_\_\_  
Date