

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000281402

**Entity Name:** EUROBRAS USA, LLC

**Current Principal Place of Business:**

1111 BRICKELL BAY DRIVE  
APT. 1602  
MIAMI, FL 33131

**Current Mailing Address:**

PO BOX 310313  
MIAMI, FL 33231 US

**FEI Number:** 88-2940953

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
#250  
PLANTATION, FL 33324 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 URBAN, VALERIE  
Address 1111 BRICKELL BAY DRIVE, APT. 1602  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name WORTH, TRISTRAM C.T.  
Address 1111 BRICKELL BAY DRIVE, APT. 1602  
City-State-Zip: MIAMI FL 33131

*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:** TRISTRAM C.T. WORTH

**MANAGER**

**01/31/2023**

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

\_\_\_\_\_  
Date