

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000057825

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** PARANA PINES, LLC

**Current Principal Place of Business:**

RUA OSVALDO CRUZ  
715 JARDIM DAS ARAUCARIAS  
FRAIBURGO SC 89.580-000 BRAZ, OC

**New Principal Place of Business:**

RUA OSVALDO CRUZ, 715  
JARDIM DAS ARAUCARIAS  
FRAIBURGO SC 89.580-000 BRAZ, SC 89580-000 BR

**Current Mailing Address:**

RUA OSVALDO CRUZ  
715 JARDIM DAS ARAUCARIAS  
FRAIBURGO SC 89.580-000 BRAZ, OC

**New Mailing Address:**

RUA OSVALDO CRUZ, 715  
JARDIM DAS ARAUCARIAS  
FRAIBURGO SC 89.580-000 BRAZ, SC 89580-000 BR

**FEI Number:** 99-0367125

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GRAYROBINSON, P.A.  
301 E PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FREY, ROBERTO  
Address: RUA OSVALDO CRUZ,715 JARDIM DAS ARAUCARIAS  
City-St-Zip: FRAIBURGO, SC BRA, SC 89580000 BR

Title: MGR  
Name: CIMA, LEANDRO LUIS  
Address: RUA CORONEL OTONNI MACIEL, 490,APTO 702,BA  
City-St-Zip: CURTIBA, CEP, BRASIL, PR BR

Title: MGR  
Name: CALLUF, PAULO CESAR  
Address: ALAMEDA PRUDENTE DE MORAES,488,APTO 101-CE  
City-St-Zip: CURTIBA -BRASIL, PR 80430220 BR

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERTO FREY

MR

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date