

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066297

**Entity Name:** PANTHERAS TRE, LLC

**Current Principal Place of Business:**

C/O BRUSE & ADVOGADOS ASSOCIADOS  
RUA 981 NO. 323 SL 01 - CENTRO  
BALNEARIO CAMBORIU, SC CEP 88330-750

**Current Mailing Address:**

C/O BRUSE & ADVOGADOS ASSOCIADOS  
RUA 981 NO. 323 SL 01 - CENTRO  
BALNEARIO CAMBORIU, SC CEP 88330-750 BR

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FRECHETTE, SHAWN  
2000 N. BAYSHORE DRIVE  
#114  
MIAMI, FL 33137 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            AUTHORIZED REPRESENTATIVE  
Name            BRUSE & ADVOGADOS ASSOCIADOS  
Address        C/O BRUSE & ADVOGADOS  
                  ASSOCIADOS  
                  RUA 981 NO. 323 SL 01 - CENTRO  
City-State-Zip: BALNEARIO CAMBORIU SC CEP  
                  88330-750

*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:** GIOVANI CARLOS BRUSE

**AUTHORIZED  
REPRESENTATIVE**

**02/23/2015**

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

\_\_\_\_\_  
Date