

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000132630

**Entity Name:** VECPAR LLC

**Current Principal Place of Business:**

TRIDENT CHAMBERS, WICKHAMS CAY I  
ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

**Current Mailing Address:**

450 PARK AVENUE 32ND FLOOR  
BANCO BRADESCO  
NEW YORK, NY 10022 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
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            | DARVION WORLDWIDE LIMITED<br>(B.V.I.)        |
| Address         | TRIDENT CHAMBERS, WICKHAMS<br>CAY I          |
| City-State-Zip: | ROAD TOWN, TORTOLA BRITISH<br>VIRGIN ISLANDS |

*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:** HEBERT DIOGO MACHADO EGIDIO DA COSTA

**MANAGER**

**01/22/2014**

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

\_\_\_\_\_ Date