

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057825

**Entity Name:** PARANA PINES, LLC

**Current Principal Place of Business:**

RUA OSVALDO CRUZ  
715 JARDIN DAS ARACRIAS  
FRAIBURGO SC 89.580-000 BRAZ, SC 89580

**Current Mailing Address:**

RUA OSVALDO CRUZ  
715 JARDIN DAS ARACRIAS  
FRAIBURGO SC 89.580-000 BRAZ, SC 89580 BR

**FEI Number:** 99-0367125

**Certificate of Status Desired:** Yes

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

GRAYROBINSON, P.A.  
301 E PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 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 FREY, ROBERTO  
Address RUA OSVALDO CRUZ,715 JARDIM  
DAS ARAUCARIAS  
City-State-Zip: FRAIBURGO, SC BRA SC 89580-000

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

Title MGR  
Name CALLUF, PAULO CESAR  
Address ALAMEDA PRUDENTE DE  
MORAES,488,APTO 101-CE  
City-State-Zip: CURTIBA -BRASIL PR 80430-220

Title MGR  
Name SIGNORI, DANIEL  
Address RUA CORONEL DULCIDIO 1205, AP.  
181  
City-State-Zip: CURITIBA PR 80250-100

*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:** ROBERTO FREY

**MANAGER**

**02/21/2015**

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

\_\_\_\_\_  
Date