

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000078609

**Entity Name:** 2956 LUCAYAN HARBOUR CIRCLE 104, LLC

**Current Principal Place of Business:**

2956 LUCAYAN HARBOUR CIRCLE  
UNIT 104  
ORLANDO, FL 34746

**Current Mailing Address:**

6735 CONROY ROAD  
UNIT 316  
ORLANDO, FL 32835 US

**FEI Number:** 45-2768901

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
8615 COMMODITY CIRCLE  
SUITE 06  
ORLANDO, FL 32819 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:** CAROLINE LARSON

05/14/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name PAT PARTICIPAÇÕES E ASSISTÊNCIA  
TÉCNICA LTDA  
Address RUA PROFESSOR ANTÔNIO ARRUDA  
MALHEIROS, 49  
City-State-Zip: SÃO PAULO SÃO PAULO 05418-07

Title MANAGER  
Name NASSAR, RAUF  
Address 2956 LUCAYAN HARBOUR CIRCLE  
UNIT 104  
City-State-Zip: ORLANDO FL 34746

Title MANAGER  
Name NASSAR, MARCOS FRANCEZ  
Address 2956 LUCAYAN HARBOUR CIRCLE  
UNIT 104  
City-State-Zip: ORLANDO FL 34746

*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:** RAUF NASSAR

AMBR

05/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date