

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000084092

Entity Name: BRK 3K, LLC

Current Principal Place of Business:

C/O PIQUET LAW FIRM
801 BRICKELL AVENUE SUITE 1610
MIAMI, FL 33131

Current Mailing Address:

C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
MIAMI, FL 33131 US

FEI Number: 99-0367937

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL CORPORATE SERVICES, LLC
801 BRICKELL AVENUE
SUITE 1610
MIAMI, FL 33131 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: JANINI ALMEIDA

03/02/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name BRK 3K LTD.
Address C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name BRAGA, ROBERTO FERREIRA DE MOURA
Address C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name BRAGA, KATIA REGINA OLLER DE MOURA
Address C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name BRAGA, ANA BEATRIZ OLLER DE MOURA
Address C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name BRAGA JUNIOR, ROBERTO FERREIRA DE MOURA
Address C/O ALEXANDRE PIQUET, ESQ.
801 BRICKELL AVE., SUITE 1610
City-State-Zip: MIAMI FL 33131

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 FERREIRA DE MOURA BRAGA

MGR

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date