#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L11000085147

Entity Name: VIZCAYNE N-906, LLC.

#### **Current Principal Place of Business:**

244 BISCAYNE BLVD. APT 906 MIAMI, FL 33132

### **Current Mailing Address:**

C/O PIQUET LAW FIRM - ALEXANDRE PIQUET, ESQ. 801 BRICKELL AVENUE SUITE 1610 MIAMI, FL 33131 US

### FEI Number: 99-0367934

### 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                     | ATURE: JANINI ALMEIDA  |                 |  | 04/01/2015 |  |
|-------------------------------|--|-----------------|--|------------|--|
|                               | Electronic Signature of Registered Agent                                       |                 |  | Date       |  |
| Authorized Person(s) Detail : |  |                 |  |            |  |
| Title                         | MANAGER  | Title           | MANAGER  |            |  |
| Name                          | PONTES, EMERSON  | Name            | PONTES, ARIANE SANTINI<br>HENRIQUES                    |            |  |
|                               | C/O PIQUET LAW FIRM, P.A.<br>801 BRICKELL AVENUE, SUITE 1610<br>MIAMI FL 33131 | Address         | C/O PIQUET LAW FIRM, P.A.<br>801 BRICKELL AVENUE SUITE |            |  |
|                               |  | 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.

MGR

## SIGNATURE: EMERSON PONTES

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 01, 2015 Secretary of State CC4584698171

Certificate of Status Desired: No

04/01/2015 Date