

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000024153

**FILED**  
**Feb 05, 2014**  
**Secretary of State**  
**CC1227981435**

**Entity Name:** SAKNOR PARTICIPATIONS AND VENTURES LLC

**Current Principal Place of Business:**

453 SABARÁ STREET  
OFFICE 14  
SÃO PAULO, SÃO PAULO

**Current Mailing Address:**

453 SABARÁ STREET  
OFFICE 14  
SÃO PAULO, SÃO PAULO BR

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FLORIDA FILING & SEARCH SERVICES INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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	MEMBER	Title	MANAGER
Name	FERNANDO DE ALMEIDA COAN, JOÃO	Name	FERNANDO DE ALMEIDA COAN, JOÃO
Address	453 SABARÁ STREET OFFICE 14	Address	453 SABARÁ STREET OFFICE 14
City-State-Zip:	SÃO PAULO SÃO PAULO	City-State-Zip:	SÃO PAULO SÃO PAULO

*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:** JOÃO FERNANDO DE ALMEIDA COAN

**MANAGER**

**02/05/2014**

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

\_\_\_\_\_  
Date