# 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: FERNANDO DE ALMEIDA COAN, JOÃO

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

06/17/2019

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L12000024153

#### 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

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

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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: JESSICA MORALES 06/17/2019 Date Electronic Signature of Registered Agent Authorized Person(s) Detail : Title MEMBER Title MANAGER FERNANDO DE ALMEIDA COAN, FERNANDO DE ALMEIDA COAN, Name Name JOÃO JOÃO 453 SABARÁ STREET 453 SABARÁ STREET Address Address **OFFICE 14** OFFICE 14 SÃO PAULO SÃO PAULO SÃO PAULO SÃO PAULO City-State-Zip: City-State-Zip:

Certificate of Status Desired: No

Date

FILED Jun 17, 2019 Secretary of State 0127652357CC