

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000107263

**Entity Name:** PSCB LLC

**Current Principal Place of Business:**

RUA ALMEIDA GARRET  
86  
SAO PAULO, SP 05459--020

**Current Mailing Address:**

RUA ALMEIDA GARRET  
86  
SAO PAULO, SP 05459--020 BR

**FEI Number:** 61-1693865

**Certificate of Status Desired:** No

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

NOBILE LAW FIRM PA  
201 SOUTH BISCAYNE BLVD.  
SUITE 2650  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BECAK, CHRISTINA  
Address RUA ALMEIDA GARRET, 86  
City-State-Zip: SAO PAULO SP 05459--020

Title MGR  
Name SANCHEZ, PAULO R  
Address RUA ALMEIDA GARRET, 86  
City-State-Zip: SAO PAULO SP 05459--020

*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:** PAULO R SANCHEZ

**MGR**

**04/01/2015**

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

\_\_\_\_\_  
Date