2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000025473

Entity Name: RIBEIRO INTERNATIONAL INVESTMENTS LLC

Current Principal Place of Business:

493 CASTLE DR NAPLES, FL 34119

Current Mailing Address:

493 CASTLE DR

NAPLES. FL 34119 US

FEI Number: 90-0936791 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, CARLA 493 CASTLE DR NAPLES, FL 34119 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

BRASIL, SEBASTIAO FRANCO Name Name RIBEIRO, LUIZ ANTONINO MANCEBO

RUA CAPITAO Address Address **RUA CAPITAO**

> WEDNIDIO, SOARES, 209 PLANALTO WEDNIDIO, SOARES, 209 PLANALTO

City-State-Zip: BELO HORIZONTE, BRASIL XX City-State-Zip: BELO HORIZONTE, BRASIL XX

MGR, AUTHORIZED Title MGR Title

REPRESENTATIVE

Name DE CASTRO SANTOS, LUIZ ALBERTO RIBEIRO, LUIZ FILIPE DA SILVA Name

RUA ALBERTO DE GOIS 1533/4A Address RUA TEODORO BRAGA 111 #104 Address CAMPO BELO SAO

PAULO BRASIL 04610-004 AL City-State-Zip: RIO DE JANEIRO RJ BRAZIL FL City-State-Zip:

Title MGR Title MGR

Name THEODORE BUCSAN, ANDRE A Name NEVES, CARLOS ALBERTO VALENTE **RUA MARQUESA DE SANTOS 1104** Address 231 AV PRESIDENTE WILSON 29 Address City-State-Zip: RIO DE JANEIRO RJ BRAZIL AL RIO DE JANEIRO RJ BRAZIL XX City-State-Zip:

20030-020

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.

06/10/2015 SIGNATURE: LUIZ FILIPE DA SILVA RIBEIRO **MGR**

FILED Jun 10, 2015

Secretary of State

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