

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083007

Entity Name: N3 CAPITAL PARTNERS LLC**Current Principal Place of Business:**500 FIFTH AVE 1810
NEW YORK, NY 10110**Current Mailing Address:**500 FIFTH AVE 1810
NEW YORK, NY 10110 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC
155 OFFICE PLAZA DRIVE, 1ST FL.
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	MGRM
Name	MARCIO VALERIO SANT'ANNE
Address	RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA
City-State-Zip:	SAO PAULO, SP BRAZIL 04551-060

Title	MGRM
Name	PAULO ROBERTO DUARTE DE TOLEDO
Address	RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA
City-State-Zip:	SAO PAULO, SP BRAZIL 04551-060

Title	MGRM
Name	JOSE MAURICIO EUGENIO DELFINO DE CARVALHO
Address	RUA FUNCHAL 418, 25 ANDAR, VILA OLIMPIA
City-State-Zip:	SAO PAULO, SP BRAZIL 04551-060

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: MARCIO VALERIO SANT'ANNE

MGRM

03/13/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date