

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000148917

**Entity Name:** MFS MANAGEMENT, FINANCE, SUPPORT AND CONSULTING, LLC**FILED**  
**May 01, 2014**  
**Secretary of State**  
**CC2103134404****Current Principal Place of Business:**5493 WILES RD, STE. 105  
COCONUT CREEK, FL 33073**Current Mailing Address:**5493 WILES RD, STE. 105  
COCONUT CREEK, FL 33073**FEI Number: 46-3951575****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EAGLE TAX REPRESENTATION, CORP  
5493 WILES RD, STE. 105  
COCONUT CREEK, FL 33073 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	POLLO ITAQUAQUECETUBA,NEGOCIOS,PAR TICIPACOES E LOGISTICA LTDA.
Address	ESTRADA DO CORREDOR 4629 JARDIM LUANA
City-State-Zip:	ITAQUAQUECETUBA SP - BRAZIL 08586-000

Title	MGRM
Name	REBUILDING EMPREENDIMENTOS ANALISE E GESTAO LTDA.
Address	RUA FELIX DELLA ROSA 144 VILA ANGLO BRASILEIRA
City-State-Zip:	SAO PAULO SP - BRAZIL 05028-060

Title	MGR
Name	NOVI, LUIZ C
Address	18500 OLD PRINCETON LANE
City-State-Zip:	BOCA RATON FL 33498

*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: LUIZ C NOVI****MANAGER****05/01/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date