

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