

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000012734

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC3409409730**

**Entity Name:** MFD INTERNATIONAL LLC.

**Current Principal Place of Business:**

8605 NW 35TH COURT APT. J  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

8605 NW 35TH COURT APT. J  
CORAL SPRINGS, FL 33065

**FEI Number:** 61-1731238

**Certificate of Status Desired:** No

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

EAGLE TAX REPRESENTATION, CORP  
5493 WILES ROAD 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 DEL ALMEIDA FEO, MARCELO  
Address 8605 NW 35TH COURT APT. J  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name DE ALMEDIA FEO, FABIO  
Address 8605 NW 35TH COURT APT. J  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name DE ALMEDIA FEO, DANIELA  
Address 8605 NW 35TH COURT APT. J  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** DEL ALMEIDA FEO, MARCELO

**MGRM**

**05/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date