

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000098042

**Entity Name:** MF HIRS LLC

**Current Principal Place of Business:**

43 LAZY EIGHT DRIVE  
ORLANDO, FL 32128

**Current Mailing Address:**

43 LAZY EIGHT DRIVE  
ORLANDO, FL 32128 US

**FEI Number:** 38-3933919

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD  
STE # 135  
ORLANDO, FL 32819 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	AMBR	Title	AMBR
Name	GADEL, FABIO	Name	HIRS, MARIA
Address	AV HIGIENOPOLIS #265 APT 9 BLD	Address	AV HIGIENOPOLIS #265 APT 9 BLD
City-State-Zip:	SAO PAULO SP 01238-001	City-State-Zip:	SAO PAULO SP 01238-001

*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:** FABIO GADEL \_\_\_\_\_

AMBR

04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date