

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000098150

**Entity Name:** MELO RESENDE LLC

**Current Principal Place of Business:**

3370 HIDDEN BAY DR  
2109  
AVENTURA, FL 33180

**Current Mailing Address:**

3370 HIDDEN BAY DR  
2109  
AVENTURA, FL 33180 US

**FEI Number:** 30-0833144

**Certificate of Status Desired:** No

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

EAGLE TAX REPRESENTATION CORP  
5493 WILES ROAD  
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 AMBR  
Name DE RESENDE, CARLOS H P  
Address RUA MARANHÃO 1418 APT 802  
City-State-Zip: BELO HORIZONTE MG 30150331

Title AMBR  
Name DE RESENDE, SHEILA C M  
Address RUA MARANHÃO 1418 APT 802  
City-State-Zip: BELO HORIZONTE MG 30150331

Title AMBR  
Name DE RESENDE, CAIO M  
Address RUA MARANHÃO 1418 APT 802  
City-State-Zip: BELO HORIZONTE MG 30150331

Title AMBR  
Name DE RESENDE, SARAH M  
Address RUA MARANHÃO 1418 APT 802  
City-State-Zip: BELO HORIZONTE MG 30150331

*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:** SHEILA C M DE RESENDE

AMBR

03/24/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date