

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000119860

Entity Name: PAYTLANTIC, LLC

Current Principal Place of Business:

8333 N.W. 53RD ST
SUITE 450
DORAL, FL 33166

Current Mailing Address:

8333 N.W. 53RD ST
SUITE 450
DORAL, FL 33166 US

FEI Number: 47-1986998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC.
2846 N.W. 79TH AVE
DORAL, FL 33122 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 MANAGER
Name NTK AMERICA, LLC
Address 8333 N.W. 53RD ST, SUITE 450
City-State-Zip: DORAL FL 33166

Title MANAGER
Name SETIS USA, LLC
Address 8333 N.W. 53RD ST, SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name ROSA, JOAO PAULO C
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MONTEIRO, RUI V JR.
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name YOSHINO, ROBERTO K
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name BOUCHY, VINCENT M
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name CRUZ, LUIZ CEZAR M
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MARTINS, WILSON F
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

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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: JOAO PAULO C ROSA

DIRECTOR

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name SANTOS, THIAGO B
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166

Title DIRECTOR
Name MONTANHOLE, EDNILSON
Address 8333 N.W. 53RD ST
SUITE 450
City-State-Zip: DORAL FL 33166