

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000004621

Entity Name: OLYMPIA PARTNERS LLC

Current Principal Place of Business:

14139 SAPPHIRE BAY CIR
ORLANDO, FL 32828

Current Mailing Address:

14139 SAPPHIRE BAY CIR
ORLANDO, FL 32828 US

FEI Number: 47-2747200

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRUZ LUPO, ADRIANO
14139 SAPPHIRE BAY CIR
ORLANDO, FL 32828 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 | CRUZ LUPO, ADRIANO |
| Address | 14139 SAPPHIRE BAY CIR |
| City-State-Zip: | ORLANDO FL 32828 |
| Title | MGR |
| Name | CUNHA, SANDRO LUIZ |
| Address | RUA CASA DO ATOR 985 APT 83 |
| City-State-Zip: | SAO PAULO SP 04546-003 |

| | |
|-----------------|----------------------------------------|
| Title | AMBR |
| Name | COMPATANGELO JUNIOR, ENZO PAULO |
| Address | RUA GOMES DE CARVALHO 781 APT 502 |
| City-State-Zip: | SAO PAULO SP 04547-003 |
| Title | AMBR |
| Name | MANFIO DE OLIVEIRA , ANDRÉ |
| Address | RUA DR MANOEL DE PAIVA RAMOS 345 AP 13 |
| City-State-Zip: | SAO PAULO SAO PAULO 05351-015 |

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: ADRIANO CRUZ LUPO

AMBR

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date