Current M	ailing Address:			
	LSBORO BLVD .D BEACH, FL 33441 US			
FEI Number: 30-0873865			Certificate of Status Desired: No	
Name and	Address of Current Registered Agent:			
446 W HILLS	AL SERVICES GROUP, INC BORO BLVD BEACH, FL 33441 US			
The above nan	ned entity submits this statement for the purpose of changin	ng its registered office or re	gistered agent, or both, in the State of Flo	rida.
	ned entity submits this statement for the purpose of changin RE: MARCOS REZENDE	ng its registered office or re	gistered agent, or both, in the State of Flo	rida. 04/28/2017
		ng its registered office or re	gistered agent, or both, in the State of Flo	
SIGNATU	RE: MARCOS REZENDE	g its registered office or re	gistered agent, or both, in the State of Flo	04/28/2017
SIGNATU	RE: MARCOS REZENDE Electronic Signature of Registered Agent	ng its registered office or re	gistered agent, or both, in the State of Flo	04/28/2017
SIGNATUR Authorize	RE: MARCOS REZENDE Electronic Signature of Registered Agent d Person(s) Detail :			04/28/2017 Date

## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000079793

Entity Name: MYPASS SYSTEMS LLC

## **Current Principal Place of Business:**

City-State-Zip: DEERFIELD BEACH FL 33441

446 HILLSBORO BLVD DEERFIELD BEACH, FL 33441

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: ROBSON CARLO MELLO DE OLIVEIRA,

MBR

City-State-Zip: DEERFIELD BEACH FL 33441

## 04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

## FILED Apr 28, 2017 Secretary of State CC1617002317