# SIGNATURE: STEPHANE LLOVERAS

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000085153

Entity Name: SL CONSULTING USA LLC

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

407 LINCOLN RD 12F MIAMI, FL 33139

#### **Current Mailing Address:**

407 LINCOLN RD 12F MIAMI, FL 33139 US

#### FEI Number: APPLIED FOR

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

ELMALEH, VANESSA 407 LINCOLN RD 12F MIAMI, FL 33139 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		
Authorized Person(s) Detail :			
Title	MGRM	Title	MGRM
Name	LLOVERAS, STEPHANE	Name	LLOVERAS INVESTMENTS LLC
Address	407 LINCOLN RD	Address	407 LINCOLN RD
City-State-Zip:	MIAMI FL 33139	City-State-Zip:	MIAMI FL 33139

## FILED Apr 30, 2016 Secretary of State CC6844208619

Certificate of Status Desired: No

04/30/2016 Date

Date

MGRM

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