2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000135290

Entity Name: HCS ENTERPRISES & SERVICES, LLC

Littly Name. 1103 LIVILIAF MISES & SERVICES, I

Current Principal Place of Business:

3956 TOWN CENTER BLVD. SUITE 519

ORLANDO, FL 32837

Current Mailing Address:

3956 TOWN CENTER BLVD. SUITE 519 ORLANDO, FL 32837

FEI Number: 47-4777326 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHANDLER, ROBERTO M 8865 COMMODITY CIR. SUITE 14-107 ORLANDO, FL 32819 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 SILVA, HELIO C Name REBONATO, IRIS P

Address 3956 TOWN CENTER BLVD. STE 519 Address 3956 TOWN CENTER BLVD. STE 519

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title MGRM

Name AEON CONSULTORIA EM

INFORMATICA LTDA

Address 933 AVENIDA ZUMKELLER

UNIT 212

City-State-Zip: SAO PAULO SAO PAULO 02420001

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: HELIO CERQUEIRA DA SILVA

MGRM

02/24/2016

Date

FILED Feb 24, 2016

Secretary of State

CC9301519513