

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000161569

**Entity Name:** SEABOX USA LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PARKWAY STE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PARKWAY STE 17  
ORLANDO, FL 32819 US

**FEI Number:** 47-5146514

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING & CONSULTING SERVICES  
7901 KINGSPONTE PARKWAY STE 17  
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

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name R DE LIMA AZEVEDO, MARCIA  
Address RUA WALDOMIRO SILVEIRA 20 APT  
141  
City-State-Zip: SANTOS SP 11055--150

Title AMBR  
Name R B DE LIMA AZEVEDO, MARCIO  
Address AV VICENTE DE CARVALHO 40 APT  
62  
City-State-Zip: SANTOS SP 11045--500

*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:** MARCIA R DE LIMA AZEVEDO

AMBR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date