

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000200909

**Entity Name:** CODEMINER42 AMERICA, LLC

**Current Principal Place of Business:**

4613 N. UNIVERSITY DRIVE  
UNIT 242  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

4613 N. UNIVERSITY DRIVE  
UNIT 242  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 61-1775809

**Certificate of Status Desired:** No

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

J.H. GOMES COMPANY  
5521 N. UNIVERSITY DRIVE  
SUITE 104  
CORAL SPRINGS, FL 33067 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 DE CASTRO, RODRIGO O  
Address RUA DA ORQUIDEAS 340  
City-State-Zip: ATAPEVI SP 06670--010

Title AMBR  
Name AKITA, FABIO M  
Address RUA IRAI 546, APT. 503  
City-State-Zip: SAO PAULO SP 04082--001

Title AMBR  
Name PISANO, DANIEL D  
Address RUA CAMPOS SALLES 2535, CASA 11  
City-State-Zip: VALINHOS SP 13272--350

*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: RODRIGO DE CASTRO**

**MEMBER**

**04/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date