2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000110941

Entity Name: MFP USA, LLC

Current Principal Place of Business:

6965 PIAZZA GRANDE AVE SUITE 206

ORLANDO, FL 32835

Current Mailing Address:

6965 PIAZZA GRANDE AVE **SUITE 206** ORLANDO, FL 32835 US

FEI Number: 30-0961224 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMINIUM CONSULTING SERVICES 6965 PIAZZA GRANDE AVE SUITE 206 ORLANDO, FL 32835 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: CLEITON CARDOSO 04/29/2019

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

SIGNATURE: PEDRO A NAVES

Title **AMBR** Title **AMBR**

Name NAVES, MARCELO E Name NAVES, PEDRO A

RUA JOAO SEVIRIANO RODRIGUES RUA JOAO SEVIRIANO RODRIGUES Address Address

DA CUNHA,860 DA CUNHA,860

City-State-Zip: KARAIBA UBERLANDIA, MG, BRAZIL City-State-Zip: KARAIBA UBERLANDIA, MG, BRAZIL 38411--178 38411--178

Title **AMBR** Title **AMBR**

NAVES SOUSA, FLAVIA A NAVES, FABRICIO A Name Name

RUA JOAO SEVIRIANO RODRIGUES Address Address **RUA DA CARIOCA**

DA CUNHA,860 PATRIMO, UBERLANDIA, MG, BRAZIL City-State-Zip: City-State-Zip:

KARAIBA UBERLANDIA, MG, BRAZIL 38411--046 38411--178

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.

AMBR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 29, 2019

Secretary of State

6038909973CC

04/29/2019 Date