

**2018 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

09/28/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NAVES, MARCELO E  
Address RUA JOAO SEVIRIANO RODRIGUES  
DA CUNHA,860  
City-State-Zip: KARAIBA UBERLANDIA, MG, BRAZIL  
38411--178

Title AMBR  
Name NAVES, PEDRO A  
Address RUA JOAO SEVIRIANO RODRIGUES  
DA CUNHA,860  
City-State-Zip: KARAIBA UBERLANDIA, MG, BRAZIL  
38411--178

Title AMBR  
Name NAVES SOUSA, FLAVIA A  
Address RUA JOAO SEVIRIANO RODRIGUES  
DA CUNHA,860  
City-State-Zip: KARAIBA UBERLANDIA, MG, BRAZIL  
38411--178

Title AMBR  
Name NAVES, FABRICIO A  
Address RUA DA CARIOCA  
City-State-Zip: PATRIMO, UBERLANDIA, MG, BRAZIL  
38411--046

*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:** PEDRO NAVES

AMBR

09/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date