

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000116496

**Entity Name:** DNA CUSTOM FLIP FLOPS LLC

**Current Principal Place of Business:**

409 NW 10TH TER  
SUITE D-66  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

409 NW 10TH TER  
SUITE D-66  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 81-3003880

**Certificate of Status Desired:** No

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

AMERICA EXPERT LLC  
409 NW 10TH TER  
SUITE D-66  
HALLANDALE BEACH, FL 33009 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 MGRM  
Name TOMAZ, MARCO  
Address RUA JOSE CARVALHO DE MIRANDA,  
1100 CASA 09  
City-State-Zip: CAMPINAS SP 13034--005

Title MGRM  
Name PASCHOAL, RAFAEL  
Address 1733 BANCROFT WAY - 2  
City-State-Zip: BERKELEY CA 94703

Title MGRM  
Name JACOBS, UMBERTO  
Address RUA GALESSANDRO ACCIONI, 109  
RES FRIBOURG  
City-State-Zip: CAMPINAS SP 13049-489

*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: MARCO TOMAZ**

**MANAGER**

**06/14/2017**

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

\_\_\_\_\_  
Date