

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000221155

**Entity Name:** LEVER STRATEGY LLC

**Current Principal Place of Business:**

C/O LAW OFFICE OF RAFAEL DE ARAUJO  
1221 BRICKELL AVENUE STE 900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O LAW OFFICE OF RAFAEL DE ARAUJO  
1221 BRICKELL AVENUE STE 900  
MIAMI, FL 33131 US

**FEI Number:** 32-0517828

**Certificate of Status Desired:** No

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

LAW OFFICE OF RAFAEL DE ARAUJO P.A.  
1221 BRICKELL AVENUE, SUITE 900  
MIAMI, FL 33131 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            COPELLI FONTES, BEATRIZ ALVES  
Address        11900 BISCAYNE BLVD 508  
City-State-Zip: MIAMI FL 33131

*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:** BEATRIZ ALVES COPELLI FONTES

**AUTHORIZED MEMBER**

**04/28/2017**

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

\_\_\_\_\_  
Date