

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000025882

**Entity Name:** MFE, LLC

**Current Principal Place of Business:**

1420 CELEBRATION BLVD.  
SUITE 200  
CELEBRATION, FL 34747

**Current Mailing Address:**

1420 CELEBRATION BLVD.  
SUITE 200  
CELEBRATION, FL 34747

**FEI Number:** 36-4859240

**Certificate of Status Desired:** No

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

PROFESSIONAL ACCOUNTING & TAX SERVICES INC  
1420 CELEBRATION BLVD  
SUITE 200  
CELEBRATION, FL 34747 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            EMANOEL, VICTOR  
Address        AVENIDA DOUTOR CANDIDO MOTTA  
                  FILHO 557  
City-State-Zip: SPOLETO 61, SAO PAULO BRAZIL SP  
                  05351--000

Title            AMBR  
Name            FARNEDA, ANDREA  
Address        AVENIDA DOUTOR CANDIDO MOTTA  
                  FILHO 557  
City-State-Zip: SPOLETO 61, SAO PAULO BRAZIL SP  
                  05351--000

*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:** ANDREA FARNEDA

AMBR

03/06/2018

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

\_\_\_\_\_  
Date