## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000003861

Entity Name: KCP BEN, LLC

**Current Principal Place of Business:** 

21500 BISCAYNE BLVD, STE. 700 AVENTURA, FL 33180

**Current Mailing Address:** 

21500 BISCAYNE BLVD, STE. 700 AVENTURA, FL 33180 US

**FEI Number: NOT APPLICABLE** 

Name and Address of Current Registered Agent:

KAWA CAPITAL MANAGEMENT, INC. 21500 BISCAYNE BLVD, STE. 700 AVENTURA, FL 33180 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

**FILED** Mar 20, 2020

**Secretary of State** 

9633503005CC

Certificate of Status Desired: No

Authorized Person(s) Detail:

Title MGR Title **ASGN** 

SAVERIN, ALEXANDRE Name ADES, DANIEL Name

21500 BISCAYNE BLVD, STE. 700 21500 BISCAYNE BLVD, STE. 700 Address Address

City-State-Zip: AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip:

Title **ASGN** Title **ASGN** 

Name LEMOS, CARLOS FELIPE Name BALDIN, CRISTINA

Address 21500 BISCAYNE BLVD, STE. 700 Address 21500 BISCAYNE BLVD, STE. 700

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

Title **ASGN** Title **ASGN** 

Name TRASTER, JEREMY Name PIACENTINI, BRUNO

Address 21500 BISCAYNE BLVD, STE. 700 Address 21500 BISCAYNE BLVD, STE. 700

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

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.

03/20/2020 SIGNATURE: DANIEL ADES **MGR**