## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000126893

Entity Name: RS3L VENTURES, LLC

**Current Principal Place of Business:** 

6205 MIRAMONTE DR.

APT 102

ORLANDO, FL 32835

**Current Mailing Address:** 

6205 MIRAMONTE DR.

APT 102

ORLANDO, FL 32835 US

FEI Number: 98-1125665 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCONTING & CONSULTING SERVICES 8615 COMMODITY CIRCLE STE 06

ORLANDO, FL 32819 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 05, 2015

**Secretary of State** 

CC0739007001

Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title Title AUTHORIZED MEMBER Name MELO, JOSE LUIZ Name MELO, JOSE LUIZ A

6205 MIRAMONTE DR. APT 102 Address 6205 MIRAMONTE DR. APT 102 Address

ORLANDO FL 32835 City-State-Zip: City-State-Zip: ORLANDO FL 32835

Title **AUTHORIZED MEMBER** Title AUTHORIZED MEMBER

Name MELO, SILVIA A Name MELO, ROSANGELA A

Address 6205 MIRAMONTE DR. APT 102 Address 6205 MIRAMONTE DR. APT 102

City-State-Zip: ORLANDO FL 32835 City-State-Zip: ORLANDO FL 32835

Title AUTHORIZED MEMBER Name MELO, LUIZ HENRIQUE A Address 6205 MIRAMONTE DR. APT 102

City-State-Zip: ORLANDO FL 32835

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: MELO, JOSE LUIZ

AUTHORIZED MEMBER

03/05/2015