

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000037756

**Entity Name:** MEGA REAL ESTATE ADMINISTRATION LLC

**Current Principal Place of Business:**

8459 CHILTON DR  
ORLANDO, FL 32836

**Current Mailing Address:**

8459 CHILTON DR  
ORLANDO, FL 32836 US

**FEI Number:** 32-0438006

**Certificate of Status Desired:** No

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

ROMANO MACHADO, MARCELINO  
8459 CHILTON DR  
ORLANDO, FL 32836 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:** MARCELINO ROMANO MACHADO

01/16/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name ROMANO MACHADO, MARCELINO  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER  
Name SANCHES MACHADO, LILIA MARCIA  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER  
Name ROMANO MACHADO, MARCELO SANCHES  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER  
Name ROMANO MACHADO, ALESSANDRA SANCHES  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER  
Name ROMANO MACHADO, ANDRESSA SANCHES  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

Title AUTHORIZED MEMBER  
Name ROMANO MACHADO, MAURICIO SANCHES  
Address 8459 CHILTON DR  
City-State-Zip: ORLANDO FL 32836

*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:** MARCELINO ROMANO MACHADO

AMBR

01/16/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date