

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046314

**FILED**  
**Apr 07, 2015**  
**Secretary of State**  
**CC8457392551**

**Entity Name:** BATISTA & TAIRA INVESTMENTS, LLC

**Current Principal Place of Business:**

8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819

**Current Mailing Address:**

8615 COMMODITY CIRCLE SUITE 06  
ORLANDO, FL 32819 US

**FEI Number:** 61-1733396

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING & CONSULTING SERVICES LLC  
8615 COMMODITY CIRCLE SUITE 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:** CAROLINE LARSON

04/07/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SCHETTINI BATISTA, TIAGO  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name THIEMI TAIRA, ELIANE  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name SADAYOSHI YAMAMOTO, FRANK  
Address 8615 COMMODITY CIRCLE SUITE 06  
City-State-Zip: ORLANDO FL 32819

*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:** THIEMI TAIRA , ELIANE

AMBR

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date