

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000099070

**Entity Name:** SANTOS SCUCATO LLC

**Current Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL  
STE #110  
ORLANDO, FL 32809

**Current Mailing Address:**

6220 S ORANGE BLOSSOM TRAIL  
STE #110  
ORLANDO, FL 32809 US

**FEI Number:** 61-1739932

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD.  
STE # 135  
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

**Authorized Person(s) Detail :**

Title            AMBR  
Name            DOS SANTOS, WAGNER  
Address        RUA LUIZ PECANHA #72  
City-State-Zip: BELO HORIZONTE MG 31155--030

Title            AMBR  
Name            DOS SANTOS, FABRICIA  
Address        RUA LUIZ PECANHA #72  
City-State-Zip: BELO HORIZONTE MG 31155--030

Title            AMBR  
Name            DOS SANTOS, LUCAS  
Address        RUA LUIZ PECANHA #72  
City-State-Zip: BELO HORIZONTE MG 31155--030

Title            AMBR  
Name            DOS SANTOS, ISABELLA  
Address        RUA LUIZ PECANHA #72  
City-State-Zip: BELO HORIZONTE MG 31155--030

*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:** WAGNER DOS SANTOS

AMBR

04/25/2016

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

\_\_\_\_\_  
Date