

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000144547

Entity Name: BRAZPARTNERS LLC

Current Principal Place of Business:

6150 METROWEST BLVD
ORLANDO, FL 32835

Current Mailing Address:

6150 METROWEST BLVD
ORLANDO, FL 32835

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OXFORD MARKETING CONSULTING INC
4800 N FEDERAL HWY #101D
BOCA RATON, FL 33431 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 TOLEDO, EDUARDO
Address RIA MARCONDESIA N 310 CHACARA MONTE ALEGRE
City-State-Zip: SAO PAULO SAO PAULO BRAZIL

Title AMBR
Name KATO, MASSAE C
Address RUA JOSE LIMA FILHO 95 PARQUE ESPACIAL
City-State-Zip: SAO BERNARDO DO CAMPO SAO

Title AMBR
Name COGA, JORGE
Address RUA VICENTE DE CARVALHP 716 PARQUE SAO DIO
City-State-Zip: GO 91 SAO BERNARDO DO CAMPO

Title AMBR
Name SARTOLETO, LUIZ A
Address RUA LUIZ FERREIRA DA SILVA 352 PARQUE SAO
City-State-Zip: DIOGO SAO BERNARDO DO CAMPO

Title AMBR
Name MORI, MARCELO
Address RUA PARA 139 CJ 101 BAIRRO CENTRO SAO
City-State-Zip: CAETANO DO SIL SAO PAULO

Title AMBR
Name FRANCO DE GODOY, PAULO T
Address RUA AMAZONAS 439 CONJUNTO 45 CENTRO SAO
City-State-Zip: CAETANO DO SIL SAO PAULO

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: EDUARDO TOLEDO

AMBR

03/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date