

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000114497

Entity Name: F458 INVESTMENTS, LLC

Current Principal Place of Business:

121 S. ORANGE AVE.
STE. 1110 OFFICE 05 NORTH TOWER
ORLANDO, FL 32801

Current Mailing Address:

121 S. ORANGE AVE.
STE. 1110 OFFICE 05 NORTH TOWER
ORLANDO, FL 32801 US

FEI Number: 61-1765302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMINIUM CONSULTING SERVICES, LLC
121 S. ORANGE AVE. STE. 1110
NORTH TOWER OFFICE 04
ORLANDO, FL 32801 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 | Title | AMBR |
| Name | SIVIERO, IVO | Name | \SIVIERO, RICARDO |
| Address | ALAMEDA DOS JACARANDAS 333 | Address | R. DOM JOSE BAREA 11 |
| City-State-Zip: | BENTO GONCALVES RS 95700--000 | City-State-Zip: | BENTO GONCALVES RS 95700--000 |
| | | | |
| Title | AMBR | | |
| Name | TONIOLO, GUSTAVO | | |
| Address | R. DR. MONTAURY 151/702 | | |
| City-State-Zip: | BENTO GONCALVES RS 95700--000 | | |

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: IVO SIVIERO

AMBR

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail Date