

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L15000114497

**Entity Name:** F458 INVESTMENTS, LLC

**Current Principal Place of Business:**

6965 PIAZZA GRANDE AVE  
SUITE 314  
ORLANDO, FL 32835

**FILED**  
**Jul 18, 2017**  
**Secretary of State**  
**CC1151983671**

**Current Mailing Address:**

6965 PIAZZA GRANDE AVE  
SUITE 314  
ORLANDO, FL 32835 US

**FEI Number:** 61-1765302

**Certificate of Status Desired:** No

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

RON BENFIELD CPA & ASSOCIATES  
6965 PIAZZA GRANDE AVE  
SUITE 314  
ORLANDO, FL 32835 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:** ALEJANDRA LOPEZ

07/18/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SIVIERO, IVO  
Address ALAMEDA DOS JACARANDAS 333  
City-State-Zip: BENTO GONCALVES RS 95700--000

Title AMBR  
Name SIVIERO, RICARDO  
Address R. DOM JOSE BAREA 11  
City-State-Zip: BENTO GONCALVES 95700--000

Title AMBR  
Name TONIOLO, GUSTAVO  
Address R. DR. MONTAURY 151/702  
City-State-Zip: BENTO GONCALVES RS 95700--000

Title AUTHORIZED MEMBER  
Name LOCH SAVARIS, FLAVIO  
Address RUA HORACIO MONACO 200  
City-State-Zip: BENTO GONCALVES RG 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:** FLAVIO LOCH SAVARIS

**AUTHORIZED MEMBER**

07/18/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date