

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000106840

**Entity Name:** ITS PICTURE USA LLC

**Current Principal Place of Business:**

2077 NERVA ROAD  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

2077 NERVA ROAD  
WINTER GARDEN, FL 34787 US

**FEI Number: 38-4005574**

**Certificate of Status Desired: No**

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

LARSON ACCOUNTING & CONSULTING SERVICES  
7901 KINGSPONTE PARKWAY  
SUITE 17  
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            D'ANNA, MARCELO  
Address        RUA THOMAS ALBERTO WHATELY  
                  223  
City-State-Zip: CAMPINAS SP 13088-038

Title            AMBR  
Name            G JARDIM NETO, EDUARDO  
Address        RUA ADOLFO MARACINE 186  
City-State-Zip: CAMPINAS SP 13086-010

Title            AMBR  
Name            F DE OLIVEIRA, LUIS FERNANDO  
Address        2077 NERVA RD  
City-State-Zip: WINTER GARDEN FL 34787

*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: LUIS FERNANDO F DE OLIVEIRA**

**AMBR**

**02/13/2017**

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

\_\_\_\_\_  
Date