

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000229683

**Entity Name:** GARDE CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

AV. MAGALHAES DE CASTRO 4800  
PARK TOWER, CJ 132  
SAO PAULO, SAO PAULO 05502-001

**Current Mailing Address:**

AV. MAGALHAES DE CASTRO 4800  
PARK TOWER, CJ 132  
SAO PAULO, SAO PAULO 05502-001 BR

**FEI Number:** 38-4055210

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 SECRETARY  
Name BASTOS, FELIPE  
Address AV. MAGALHAES DE CASTRO 4800  
PARK TOWER, CJ 132  
City-State-Zip: SAO PAULO 05502-001

Title PRESIDENT  
Name GEORGETTI, MARCIO  
Address AV. MAGALHÃES DE CASTRO, 4800  
PARK TOWER - CJ. 132  
City-State-Zip: SÃO PAULO SÃO PAULO 05502-001

Title VP  
Name GIUFRIDA, MARCELO  
Address AV. MAGALHÃES DE CASTRO, 4800  
PARK TOWER - CJ. 132  
City-State-Zip: SÃO PAULO SÃO PAULO 05502-001

Title TREASURER  
Name POLI, HENRIQUE  
Address AV. MAGALHÃES DE CASTRO, 4800  
PARK TOWER - CJ. 132  
City-State-Zip: SÃO PAULO SÃO PAULO 05502-001

*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:** FELIPE BASTOS

**SECRETARY**

**02/07/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date