

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000171525

**Entity Name:** LFMP PARTICIPACOES LLC

**Current Principal Place of Business:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN RD  
STE 135  
ORLANDO, FL 32819 US

**FEI Number:** 30-1107282

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S KIRKMAN RD  
STE 135  
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 MONTENEGRO DA CUNHA, MARCELO  
Address RUA ANTONIO CAMARDO 600 APT 91  
City-State-Zip: SAO PAULO SP 03309--060

Title AMBR  
Name MONTENEGRO DA CUNHA, LUIS CLAUDIO  
Address RUA ARMINDO GUARANA 130 APT 191  
City-State-Zip: SAO PAULO 03335--070

Title AMBR  
Name MONTENEGRO DA CUNHA, FAUSTO  
Address RUA SANTA GERTRUDES 180 APT 613  
City-State-Zip: SAO PAULO SP 03408--020

*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:** MONTENEGRO DA CUNHA , MARCELO

AMBR

03/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date