## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000001895

Entity Name: KCP ACQUISITION, LLC

**Current Principal Place of Business:** 

21500 BISCAYNE BLVD, SUITE 700

AVENTURA, FL 33180

## **Current Mailing Address:**

21500 BISCAYNE BLVD, SUITE 700 AVENTURA, FL 33180 US

FEI Number: 36-4891014 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KAWA CAPITAL MANAGEMENT, INC. 21500 BISCAYNE BLVD, SUITE 700 AVENTURA, FL 33180 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MANAGER Title **AUTHORIZED SIGNATORY** 

ADES, DANIEL SAVERIN, ALEXANDRE Name Name

21500 BISCAYNE BLVD, SUITE 700 Address 21500 BISCAYNE BLVD, SUITE 700 Address

City-State-Zip: AVENTURA FL 33180 AVENTURA FL 33180 City-State-Zip:

Title **AUTHORIZED SIGNATORY** Title **AUTHORIZED SIGNATORY** 

Name LEMOS, CARLOS F Name BALDIM, CRISTINA

Address 21500 BISCAYNE BLVD, SUITE 700 Address 21500 BISCAYNE BLVD, SUITE 700

AVENTURA FL 33180 City-State-Zip: City-State-Zip: AVENTURA FL 33180

Title **AUTHORIZED SIGNATORY** 

Name TRASTER, JEREMY

Address 21500 BISCAYNE BLVD, SUITE 700

City-State-Zip: AVENTURA FL 33180

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.

04/01/2020 SIGNATURE: DANIEL ADES **MANAGER** 

**FILED** Apr 01, 2020

**Secretary of State** 

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