

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000006101

Entity Name: KCP DIRECTORATE, LLC

Current Principal Place of Business:

21500 BISCAYNE BLVD, STE. 700
AVENTURA, FL 33180

Current Mailing Address:

21500 BISCAYNE BLVD, STE. 700
AVENTURA, FL 33180 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAWA CAPITAL MANAGEMENT, INC.
21500 BISCAYNE BLVD, STE. 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AOFF
Name ADES, DANIEL
Address 21500 BISCAYNE BLVD, STE. 700
City-State-Zip: AVENTURA FL 33180

Title AOFF
Name SAVERIN, ALEXANDRE
Address 21500 BISCAYNE BLVD, STE. 700
City-State-Zip: AVENTURA FL 33180

Title AOFF
Name BALDIM, CRISTINA
Address 21500 BISCAYNE BLVD, STE. 700
City-State-Zip: AVENTURA FL 33180

Title AOFF
Name LEMOS, CARLOS FELIPE
Address 21500 BISCAYNE BLVD, STE. 700
City-State-Zip: AVENTURA FL 33180

Title AOFF
Name TRASTER, JEREMY
Address 21500 BISCAYNE BLVD, STE. 700
City-State-Zip: AVENTURA FL 33180

Title AOFF
Name PIACENTINI, BRUNO
Address 21500 BISCAYNE BLVD, STE. 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.

SIGNATURE: DANIEL ADES

AOFF

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date