

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000008601

Entity Name: KCP MGP, 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:** 84-2760298**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 AUTHORIZED OFFICER
Name ADES, DANIEL
Address 21500 BISCAYNE BLVD. STE:700
City-State-Zip: AVENTURA FL 33180

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

Title AUTHORIZED OFFICER
Name PIACENTINI, BRUNO
Address 21500 BISCAYNE BLVD. STE:700
City-State-Zip: AVENTURA FL 33180

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

Title AUTHORIZED OFFICER
Name LEMOS, CARLOS FELIPE
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: CRISTINA BALDIM

AO

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date