

**2022 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	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

Title	AUTHORIZED OFFICER
Name	TRASTER, JEREMY
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

04/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date