

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000009541

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**3726308634CC**

**Entity Name:** KCP CONNECTION MANAGER, 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:** 84-2918476

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

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

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

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

Title AO  
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

AO

03/18/2020

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

Date