

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000007716

**Entity Name:** KCM EXCLCREDIT 3, LLC

**Current Principal Place of Business:**

21500 BISCAYNE BLVD.  
STE 700  
AVENTURA, FL 33180

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**4160045767CC**

**Current Mailing Address:**

21500 BISCAYNE BLVD.  
STE 700  
AVENTURA, FL 33180 US

**FEI Number: 85-2331781**

**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**

**04/22/2022**

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

\_\_\_\_\_  
Date