# 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000009421

Entity Name: KPI BORROWCO, 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: 87-1344245

# Name and Address of Current Registered Agent:

KAWA CAPITAL MANAGEMENT INC 21500 BISCAYNE BLVD STE 700 AVENTURA, FL 33180 US FILED Mar 17, 2022 Secretary of State 6212030528CC

Date

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

| Title           | AO                          | Title           | AO                          |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Name            | ADES, DANIEL                | Name            | BALDIM, CRISTINA            |
| Address         | 21500 BISCAYNE BLVD STE 700 | Address         | 21500 BISCAYNE BLVD STE 700 |
| City-State-Zip: | AVENTURA FL 33180           | City-State-Zip: | AVENTURA FL 33180           |
| Title           | AO                          | Title           | AO                          |
| Name            | SAVERIN, ALEXANDRE          | Name            | LEMOS, CARLOS FELIPE        |
| Address         | 21500 BISCAYNE BLVD STE 700 | Address         | 21500 BISCAYNE BLVD STE 700 |
| City-State-Zip: | AVENTURA FL 33180           | City-State-Zip: | AVENTURA FL 33180           |
| Title           | AO                          | Title           | AO                          |
| Name            | PIACENTINI, BRUNO           | Name            | TRASTER, JERMEY             |
| Address         | 21500 BISCAYNE BLVD STE 700 | Address         | 21500 BISCAYNE BLVD STE 700 |
| City-State-Zip: | AVENTURA FL 33180           | 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

OFFICER

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date