

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098216

**Entity Name:** KYRIS GROUP, LLC.**Current Principal Place of Business:**95 MERRICK WAY,  
SUITE 514  
CORAL GABLES, FL 33134**Current Mailing Address:**95 MERRICK WAY,  
SUITE 514  
CORAL GABLES, FL 33134 US**FEI Number:** 27-3540487**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**IURMAN, MAURO  
95 MERRICK WAY,  
SUITE 514  
CORAL GABLES, FL 33134 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:** IURMAN, MAURO

03/02/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	BLANCO, JUAN J
Address	95 MERRICK WAY, SUITE 514
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	IURMAN, MAURO
Address	95 MERRICK WAY, SUITE 514
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	IURMAN, MORGA
Address	95 MERRICK WAY, SUITE 514
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	IURMAN, HENRY
Address	95 MERRICK WAY, SUITE 514
City-State-Zip:	CORAL GABLES FL 33134

*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:** IURMAN MAURO**MANAGER**

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date