

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025492

**Entity Name:** STRATO CIRRUS LLC**Current Principal Place of Business:**2600 S. DOUGLAS ROAD  
SUITE 1004  
CORAL GABLES, FL 33134**Current Mailing Address:**2600 S. DOUGLAS ROAD  
SUITE 1004  
CORAL GABLES, FL 33134 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARROYAVE, OSCAR  
2600 S. DOUGLAS ROAD  
SUITE 1004  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGRM
Name	ARROYAVE, OSCAR
Address	2600 S. DOUGLAS ROAD SUITE 1004
City-State-Zip:	CORAL GABLES FL 33134
Title	MGRM
Name	BAILON, JULIO
Address	181 CRANDON BOULEVARD SUITE 110
City-State-Zip:	KEY BISCAYNE FL 33149

Title	MGRM
Name	ABI-RAFEH, IBRAHIM
Address	3255 NW 84 TERRACE
City-State-Zip:	COOPER CITY FL 33024
Title	MGRM
Name	GRANT, MATTHEW M
Address	2784 NE 24 STREET
City-State-Zip:	LIGHTHOUSE POINT FL 33064

*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:** OSCAR ARROYAVE**MANAGER****02/21/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date