## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058870

Entity Name: KYRIS2, LLC

## **Current Principal Place of Business:**

2655 LE JEUNE ROAD, SUITE 1108 CORAL GABLES, FL 33134

## **Current Mailing Address:**

2655 LE JEUNE ROAD, SUITE 1108 CORAL GABLES, FL 33134 US

## FEI Number: 32-0396666

## Name and Address of Current Registered Agent:

MANUEL DINER, P.A. 77365 NW 146 STREET SUITE 300 MIAMI LAKES, FL 33016 US Certificate of Status Desired: Yes

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           | MGRM                                  | Title           | MGR                            |
|-----------------|---------------------------------------|-----------------|--------------------------------|
| Name            | INTEGRAL SOLUTIONS INVESTORS,         | Name            | BLANCO, JUAN J                 |
| Adress          | LLC<br>2655 LE JEUNE ROAD. SUITE 1108 | Address         | 2655 LE JEUNE ROAD, SUITE 1108 |
| Address         | 2000 LE JEUNE ROAD, SUITE 1106        | City-State-Zip: | CORAL GABLES FL 33134          |
| 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: MANUEL DINER, P.A.

MANAGER

04/20/2017

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 20, 2017 Secretary of State CC7279646333