2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000014084

Entity Name: MINGRAF LLC

Current Principal Place of Business:

NORTHLAND TOWERS - 15565 NORTHLAND DR SUITE 806 WEST SOUTHFIELD, MI 48075

Current Mailing Address:

NORTHLAND TOWERS - 15565 NORTHLAND DR SUITE 806 WEST SOUTHFIELD, MI 48075 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

LACAILE, MATHIEU 9425 SW 186TH ST CUTLER BAY, FL 33157 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: | MATHIEU LACAILE | | | 04/03/2020 |
|-------------------------------|--|-----------------|------------------------|------------|
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AUTHORIZED MEMBER | Title | AUTHORIZED MEMBER | |
| Name | JUQUEL, ELISABETH | Name | MOULARD, GILLES | |
| Address | IKA-FREUDENBERG STR 20 | Address | IKA-FREUDENBERG STR 20 | |
| City-State-Zip: | MUNCHEN 81829 | City-State-Zip: | MUNCHEN 81829 | |
| | | | | |

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: GILLES MOULARD

04/03/2020 AUTHORIZED MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 03, 2020 Secretary of State 9252912858CC

Certificate of Status Desired: No

Date