

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000044336

**Entity Name:** ADDIKAI DORAL (USA) LLC.

**Current Principal Place of Business:**

C/O ERNESTO SANCHEZ, P.A./ MICHEL CIVAL  
1313 PONCE DE LEON BLVD, STE. 301  
CORAL GABLES, FL 33134

**Current Mailing Address:**

C/O ERNESTO SANCHEZ, P.A./ MICHEL CIVAL  
1313 PONCE DE LEON BLVD, STE. 301  
CORAL GABLES, FL 33134

**FEI Number:** 33-1227940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ERNESTO SANCHEZ, P.A.  
1313 PONCE DE LEON BLVD, STE. 301  
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:** ERNESTO SANCHEZ

04/27/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CIVAL, MICHEL  
Address 1313 PONCE DE LEON BLVD, STE.  
301  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CIVAL AVELLAN, IRENE  
Address 1313 PONCE DE LEON BLVD, STE.  
301  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CIVAL CARRERA, ESTHER LOUISE  
Address 1313 PONCE DE LEON BLVD, STE.  
301  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CIVAL ALVAREZ, JESSICA  
Address 1313 PONCE DE LEON BLVD, STE.  
301  
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:** MICHEL CIVAL

MGR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date