

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000139511

Entity Name: AIYARA, LLC**Current Principal Place of Business:**3470 NW 82ND AVENUE, SUITE 988
DORAL, FL 33122**Current Mailing Address:**3470 NW 82ND AVENUE, SUITE 988
DORAL, FL 33122 US**FEI Number:** 46-4503597**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SILVA, FRANK ESQ.
3470 NW 82ND AVENUE, SUITE 988
DORAL, FL 33122 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:** FRANK SILVA

01/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name TCS PRIVATE EQUITY III, LLC –
SERIES 30
Address ONE NORTH WACKER DRIVE, SUITE
3605
City-State-Zip: CHICAGO IL 60606

Title MEMBER
Name ARREERATN, PIYARAT
Address 800 SOUTH RAINBOW DRIVE
City-State-Zip: HOLLYWOOD FL 33021

Title MANAGER
Name SHOJAE, MASOUD
Address 3470 NW 82ND AVENUE, SUITE 988
City-State-Zip: DORAL FL 33122

Title MEMBER
Name SHOMA WORLD ENTERTAINMENT,
LLC
Address 3470 NW 82ND AVENUE, SUITE 988
City-State-Zip: DORAL FL 33122

Title MEMBER
Name SILVERMAN, LAWRENCE DEAN
Address 10725 GRIFFING BOULEVARD
City-State-Zip: BISCAYNE PARK FL 33161

Title MANAGER
Name SCHWARTZ, THEODORE
Address ONE WACKER DRIVE
SUITE SUITE 3605
City-State-Zip: CHICAGO IL 60606

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: MASOUD SHOJAE

MANAGER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date