

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000011550

**Entity Name:** IFLOLISTA USA, LLC

**Current Principal Place of Business:**

9440 NW 12 STREET  
205  
MIAMI, FL 33172

**Current Mailing Address:**

9440 NW 12 STREET  
205  
MIAMI, FL 33172 US

**FEI Number:** 38-3924749

**Certificate of Status Desired:** Yes

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

WEIDER, NORMAN S  
200 S. BISCAYNE BLVD.  
6TH FLOOR  
MIAMI, FL 33131 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	MGR	Title	MGR
Name	RUIGROK, ANDRE	Name	DETMERS, MARTIJN
Address	PA BOSWEG 46 B	Address	PA BOSWEG 46 B
City-State-Zip:	'T ZAND NH 1756 CJ	City-State-Zip:	'T ZAND NH 1756 CJ

*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:** DETMERS, MARTIJN

**MANAGER**

**04/03/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date