Electronic Signature of Signing Authorized Person(s) Detail

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L14000048460

Entity Name: HYDRAULIC SYSTEMS USA, LLC

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

999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC MIAMI, FL 33131

## **Current Mailing Address:**

999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC MIAMI, FL 33131 US

# FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

AFC CORPORATE SERVICES, LLC 999 BRICKELL AVENUE, SUITE 300 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	E MARK J. SCHEER, ESQ.		01/10/2023
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	CARIAS, VLADIMIR	Name	SCHEER, MARK J.
Address	999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC	Address	999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	AUTHORIZED REPRESENTATIVE	Title	MANAGER
Name	BERLANT, JOEL M.	Name	SALAME, JEFFREY
Address	999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC	Address	999 BRICKELL AVENUE, SUITE 300 C/O AFC CORPORATE SERVICES, LLC
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: JOEL M. BERLANT

AUTHORIZED REPRESENTATIVE 01/10/2023

## FILED Jan 10, 2023 Secretary of State 9158934793CC

Certificate of Status Desired: Yes

Date