

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137452

**Entity Name:** TARMASOL USA LLC

**Current Principal Place of Business:**

151 CRANDON BLVD  
UNIT 225  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

11890 SW 8TH STREET  
PH 3  
MIAMI, FL 33184 US

**FEI Number:** 47-1878946

**Certificate of Status Desired:** No

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

AGUILAR, CARLOS F  
11890 SW 8TH STREET  
PH 7  
MIAMI, FL 33184 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:** CARLOS F. AGUILAR

03/17/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESERSKI ALVAREZ, TATIANA  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name ESERSKI GOMEZ, BORIS  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name ESERSKI DE DUMONT, KATIA  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name ESERSKI ALVAREZ, JUAN C  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name ESERSKI DE GADALA MA, ANA M  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name ESERSKI DE MORAN, LIUBA  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR, EL SALVADOR ES  
00000

Title MGRM  
Name AGUILAR, CARLOS F.  
Address ALAMEDA DR. MANUEL E. ARAUJO  
EDIF.TV2  
City-State-Zip: SAN SALVADOR ES 00000

*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:** CARLOS F. AGUILAR

MGRM

03/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date