AVENTURA	, FL 33180				
FEI Number: 47-4601374			Certificate of Status Desired: No		
Name and A	Address of Current Registered Agent:				
CALDAS, PATE 20533 BISCAY AVENTURA, FI	NE BLVD, UNIT 4-570				
	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.				
The above name	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Florid	a.	
	d entity submits this statement for the purpose of changing its regi E: PATRICIA CALDAS	stered office or regis	C	^{a.})2/28/2024	
		stered office or regis	C		
SIGNATUR	E: PATRICIA CALDAS	stered office or regis	C	02/28/2024	
SIGNATUR	E: PATRICIA CALDAS Electronic Signature of Registered Agent	stered office or regis	C	02/28/2024	
SIGNATURE Authorized	E: PATRICIA CALDAS Electronic Signature of Registered Agent Person(s) Detail :		(02/28/2024	
SIGNATUR	E: PATRICIA CALDAS Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MANAGER	D2/28/2024 Date	

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000117989

Entity Name: COPA USA, LLC

Current Principal Place of Business:

20533 BISCAYNE BLVD, UNIT 4-570 AVENTURA, FL 33180

Current Mailing Address:

20533 BISCAYNE BLVD, UNIT 4-570 AVENTURA EL 33180

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: PATRICIA CALDAS

02/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 28, 2024 **Secretary of State** 5205860548CC

MANAGER

Date