

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000173781

Entity Name: AIRIS USA, LLC

Current Principal Place of Business:

8250 NW 25TH STREET
SUITE 3
DORAL, FL 33122

Current Mailing Address:

8250 NW 25TH STREET
SUITE 3
DORAL, FL 33122 US

FEI Number: 47-5328862

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FORNELL, GAIL
2719 SW GLEMOOR WAY
PALM CITY, FL 34990 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 AMBR
Name FORNELL, JOSE
Address 520 BRICKELL KEY DR. #1810
City-State-Zip: MIAMI FL 33131

Title MGR
Name FORNELL, JOSE
Address 520 BRICKELL KEY DR. #1810
City-State-Zip: MIAMI FL 33131

Title MGR
Name ACOSTA, JAVIER
Address 101 CRANDON BLVD.
UNIT #274
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR
Name ACOSTA, DANIEL
Address 101 CRANDON BLVD
UNIT #274
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR
Name ACOSTA, JUAN PATRICIO
Address 101 CRANDON BLVD.
UNIT #274
City-State-Zip: KEY BISCAYNE FL 33149

Title AMBR
Name VINATAL SL
Address 520 BRICKELL KEY DR.
#1810
City-State-Zip: MIAMI FL 33131

Title AMBR
Name PROS ENERGY INTERNATIONAL
LIMITED
Address 520 BRICKELL KEY DR.
#1810
City-State-Zip: MIAMI FL 33131

Title AMBR
Name ACOSTA, JAVIER
Address 101 CRANDON BLVD.
UNIT #274
City-State-Zip: KEY BISCAYNE FL 33149

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: JAVIER ACOSTA

AUTHORIZED MEMBER

03/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date