

**2018 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

**FILED**  
**Mar 13, 2018**  
**Secretary of State**  
**CC9425682730**

**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:** GAIL FORNELL

**ACCOUNTANT**

**03/13/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date