2024 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

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

Authorized Person(s) Detail :

/ (411011204						
Title	AMBR	Title	MGR			
Name	FORNELL, JOSE	Name	FORNELL, JOSE			
Address	141 CRANDON BOULEVARD APT. 340	Address	141 CRANDON BOULEVARD APT. 340			
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	KEY BISCAYNE FL 33149			
Title	MGR	Title	AMBR			
Name	ACOSTA, JAVIER	Name	VINATAL SL			
Address	485 GLENRIDGE ROAD	Address	520 BRICKELL KEY DR. #1810			
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	MIAMI FL 33131			
Title	AMBR	Title	AMBR			
Name	PROS ENERGY INTERNATIONAL LIMITED	Name	ACOSTA, JAVIER			
Address	520 BRICKELL KEY DR.	Address	485 GLENRIDGE ROAD			
City-State-Zip:	#1810 MIAMI FL 33131	City-State-Zip:	KEY BISCAYNE FL 33149			
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER			
Name	BIKO US LLC	Name	KUKI HOLDING LLC			
Address	251 CRANDON BLVD.	Address	701 BRICKELL KEY BLVD. APT. 1802			
City-State-Zip:	APT. 608 KEY BISCAYNE FL 33149	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: GAIL FORNELL

VP FINANCES

01/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date

Date