2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000031638

Entity Name: CMA US LLC

Current Principal Place of Business:

2ND FLOOR

CORAL GABLES, FL 33134

2332 GALIANO STREET

Current Mailing Address:

1509 F.D. ROOSEVELT AVENUE GUAYNABO, PR 00968 US

FEI Number: 81-1697446 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PCB FIRM, P.A. 14938 HARTFORD RUN DR. ORLANDO, FL 32828 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

FILED Mar 02, 2020

Secretary of State

9442592471CC

Authorized Person(s) Detail:

Title **AMBR** Title **AMBR**

Name ARROYO-GARCIA, SUZ A Name **BOFIL-VALDES. JORDI**

Address THE RESIDENCES, APT. 213, PARQUE Address 394 REY RICARDO, LA VILLA DE

ESCORIAL

CAROLINA PR 00987 City-State-Zip: City-State-Zip: GUAYNABO PR 00969

Title **AMBR** Title **AMBR**

CARRO-MIRANDA, JOSE A Name JUSINO-ARROYO, GERALDO E. Name

Address 70 CALLE SAN CRISTOBAL, URB. Address 13 CAMINO LOS BAEZ

COND. EL BOSQUE APT. 702 **ADOQUINES**

SAN JUAN PR 00926 GUAYNABO PR 00971 City-State-Zip: City-State-Zip:

Title **AMBR** Title **AMBR**

JANER-VILA, PEDRO A MERLE-RAMIREZ, LUIS F Name Name

Address **BOSQUE DE LAS FLORES, 92** COND. IL VILLAGGIO J4 SAN Address

TIAGOSAN PATRICIO AVENUE

APT. 302E (BOX 16) BAYAMON PR 00956

City-State-Zip: GUAYNABO OC 00968

Title **AMBR**

City-State-Zip:

City-State-Zip:

Title **AMBR** Name RODRIGUEZ-BONILLA, ALVIN M

Name TIRADO-RAMIREZ, JORGE A Address B-18 CALLE 7

LOMAS DEL SOL LOS FAROLES, 500 CARR, 861 Address

APT103 **GUAYNABO**

City-State-Zip: BAYAMON 00956

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Continues on page 2

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.

03/02/2020 **AMBR** SIGNATURE: SUZ A. ARROYO-GARCIA

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title AMBR Title AMBR

Name SANCHEZ-DE JESUS, ABRAHAM L Name VALENTIN-CARRERO, FRANCISCO

Address 541 CALLE ALMACIGO Address CC-37 PRINCESA

City-State-Zip: RIO GRANDE 00745 City-State-Zip: TOA ALTA 00953

Title AMBR Title AMBR

Name TORRES-RODRIGUEZ, JOSE Name VERA-BEVERAGGI, ARIEL R

Address 1818 CALLE 6 SO URD. Address PRQ. DE SAN IGNACIO A-34 CALLE I

VILLA MAGNA City-State-Zip: SAN JUAN 00921
City-State-Zip: SAN JUAN 00921