

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000102564

**Entity Name:** FELT USA, LLC

**Current Principal Place of Business:**

7670 SW 82 ST  
APT H218  
MIAMI, FL 33143

**Current Mailing Address:**

7670 SW 82 ST  
APT H218  
MIAMI, FL 33143 US

**FEI Number:** 81-2988809

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ACOSTA, KRISTIAN A  
7670 SW 82 ST  
APT H218  
MIAMI, FL 33143 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 ACOSTA, KRISTIAN A  
Address 7670 SW 82 ST  
APT H218  
City-State-Zip: MIAMI FL 33143

Title AMBR  
Name SHAPIRO, JONATHAN R  
Address 246 FROST STREET  
City-State-Zip: BROOKLYN NY 11211

Title AR  
Name SHAPIRO, WILLIAM D ESQ.  
Address 231 PANTIGO ROAD  
SUITE 2  
City-State-Zip: EAST HAMPTON NY 11937

*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:** KRISTIAN A ACOSTA

AMBR

02/04/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date