2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000072360

Entity Name: MIRAI LLC

Current Principal Place of Business:

2600 S DOUGLAS RD SUITE 501 CORAL GABLES, FL 33134

Current Mailing Address:

2600 S DOUGLAS RD SUITE 501 CORAL GABLES, FL 33134 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLIERI, ALEJANDRO 2600 S DOUGLAS RD SUITE 501 CORAL GABLES, FL 33134 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 May 01, 2018

Secretary of State

CC5202043484

Authorized Person(s) Detail:

Title MGR Title MGR

Name ALZAMORA, YOHANNA Name ALZAMORA, MICHELLE

Address 2600 S DOUGLAS RD SUITE 501 Address 2600 S DOUGLAS RD SUITE 501

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

Name ALZAMORA, JULIANA Name ALZAMORA, MANUEL

Address 2600 S DOUGLAS RD SUITE 501 Address 2600 S DOUGLAS RD SUITE 501

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title MGR Title MGR

Name ALZAMORA, JAQUELINE Name ARMELLA, JAQUELINE

Address 2600 S DOUGLAS RD SUITE 501 Address 2600 S DOUGLAS RD SUITE 501
City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

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: JAQUELINE ALZAMORA

MGR

05/01/2018