#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000072360

Entity Name: MIRAI LLC

# **Current Principal Place of Business:**

800 S DOUGLAS RD

500

CORAL GABLES, FL 33134

## **Current Mailing Address:**

800 S DOUGLAS RD

500

CORAL GABLES, FL 33134 US

FEI Number: 61-1848103 Certificate of Status Desired: No

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

AGENT TRUSTEE SERVICES LLC 800 S DOUGLAS RD 500 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: ALEJANDRO MOLIERI 03/18/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail :

Title MGR Title MGR

NameALZAMORA, YOHANNANameALZAMORA, MICHELLEAddress2155 CORAL WAYAddress2155 CORAL WAYCity-State-Zip:MIAMI FL 33145City-State-Zip:MIAMI FL 33145

Title MGR Title MGR

NameALZAMORA, JULIANANameALZAMORA, MANUELAddress2155 CORAL WAYAddress2155 CORAL WAYCity-State-Zip:MIAMI FL 33145City-State-Zip:MIAMI FL 33145

Title MGR Title MGR

NameALZAMORA, JAQUELINENameARMELLA, JAQUELINEAddress2155 CORAL WAYAddress2155 CORAL WAYCity-State-Zip:MIAMI FL 33145City-State-Zip: MIAMI FL 33145

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: MICHELLE ALZAMORA MGR

Electronic Signature of Signing Authorized Person(s) Detail

03/18/2024 Date

FILED Mar 18, 2024

**Secretary of State** 

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