

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000072360

**FILED**  
**Aug 17, 2020**  
**Secretary of State**  
**7303048467CC**

**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:** 61-1848103

**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

**Authorized Person(s) Detail :**

Title MGR  
Name ALZAMORA, YOHANNA  
Address 2600 S DOUGLAS RD SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALZAMORA, MICHELLE  
Address 2600 S DOUGLAS RD SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALZAMORA, JULIANA  
Address 2600 S DOUGLAS RD SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALZAMORA, MANUEL  
Address 2600 S DOUGLAS RD SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ALZAMORA, JAQUELINE  
Address 2600 S DOUGLAS RD SUITE 501  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ARMELLA, JAQUELINE  
Address 2600 S DOUGLAS RD SUITE 501  
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:** YOHANNA ALZAMORA

**MGR**

**08/17/2020**

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

\_\_\_\_\_  
Date