

2019 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: 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: ALZAMORA, MICHELLE

MGR

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date