

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000175295

**Entity Name:** ABRAKADABRA USA LLC

**Current Principal Place of Business:**

8570 NW 93RD STREET  
MEDLEY, FL 33166

**Current Mailing Address:**

8570 NW 93RD STREET  
MEDLEY, FL 33166

**FEI Number: 38-4088418**

**Certificate of Status Desired: Yes**

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

MEES, PEDRO L  
7947 NW 21ST STREET  
DORAL, FL 33122 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 SULA USA LLC  
Address 800 BRICKELL AVE.  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name SMITAS, HENRIQUE M  
Address 10275 COLLINS AVE #619  
City-State-Zip: BAL HARBOR FL 33154

Title MGR  
Name SMITAS, MICHAEL  
Address 10275 COLLINS AVE #619  
City-State-Zip: BAL HARBOR FL 33154

Title MGR  
Name SMITAS ZOLKO, JUILE  
Address 10275 COLLINS AVE #619  
City-State-Zip: BAL HARBOR FL 33154

Title MGR  
Name SMITAS, TALLY  
Address 10275 COLLINS AVE #619  
City-State-Zip: BAL HARBOR FL 33154

*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: HENRIQUE M SMITAS**

**AMBR**

**04/30/2019**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date