

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093308

**Entity Name:** PPE MASK USA LLC

**Current Principal Place of Business:**

5201 NW 37 AVE NUM 5  
MIAMI, FL 33142

**FILED**  
**Aug 02, 2021**  
**Secretary of State**  
**1616831204CC**

**Current Mailing Address:**

1139 97 STREET  
BAY HARBOR ISLANDS, FL 33154 UN

**FEI Number: 85-1077792**

**Certificate of Status Desired: No**

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

HAZAN, SHMUEL  
1139 97 STREET  
BAY HARBOR ISLANDS, FL 33154 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 HAZAN, SHMUEL M  
Address 1139, 97 STREET  
City-State-Zip: BAY HARBOR ISLANDS 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: SHMUEL HAZAN**

**GM**

**08/02/2021**

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

\_\_\_\_\_  
Date