

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000317515

**Entity Name:** KAMALEON US, LLC

**Current Principal Place of Business:**

1060 BRICKELL AVE.  
APT 3515  
MIAMI, FL 33131

**FILED**  
**Mar 29, 2023**  
**Secretary of State**  
**4834745195CC**

**Current Mailing Address:**

1050 BRICKELL AVE  
APT 3314  
MIAMI, FL 33131

**FEI Number:** 85-3496524

**Certificate of Status Desired:** No

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

TORAL, CRISTOBAL  
1060 BRICKELL AVE.  
APT 3515  
MIAMI, FL 33131 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 MGRM  
Name TORAL, CRISTOBAL  
Address 1060 BRICKELL AVE.  
APT. 3515  
City-State-Zip: MIAMI FL 33131

Title MGRM  
Name TORAL CASTELLANO, FRANCISCO  
Address 30 ORIENTE 1546 OFFICE 911  
City-State-Zip: TALCA ML 11066-82

*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:** CRISTOBAL TORAL

**MGRM**

**03/29/2023**

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

\_\_\_\_\_  
Date