

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000320240

**Entity Name:** MILA INTERNATIONAL BUSINESS LLC

**Current Principal Place of Business:**

400 SUNNY ISLES BLVD., UNIT 708  
MIAMI, FL 32160

**Current Mailing Address:**

400 SUNNY ISLES BLVD., UNIT 708  
MIAMI, FL 32160 US

**FEI Number:** 85-3523622

**Certificate of Status Desired:** No

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

COLINA, ENRIQUE L  
15390 SW 20 STREET  
MIAMI, FL 33185 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           MANAGER  
Name           NURKO YOMTOW, DAVID  
Address        400 SUNNY ISLES BLVD., UNIT 708  
City-State-Zip: MIAMI AL 32160

Title           MANAGER  
Name           ZALTZMAN, JOANNE  
Address        400 SUNNY ISLES BLVD., UNIT 708  
City-State-Zip: MIAMI FL 32160

Title           MANAGER  
Name           NURKO ZALTZMAN, MOISES  
Address        400 SUNNY ISLES BLVD., UNIT 708  
City-State-Zip: MIAMI FL 32160

Title           MANAGER  
Name           NURKO ZALTZMAN, ISAAC  
Address        400 SUNNY ISLES BLVD., UNIT 708  
City-State-Zip: MIAMI FL 32160

Title           MANAGER  
Name           NURKO ZALTZMAN , JONATHAN  
Address        400 SUNNY ISLES BLVD., UNIT 708  
City-State-Zip: MIAMI FL 32160

*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:** DAVID NURKO YOMTOW

MANAGER

10/10/2022

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

\_\_\_\_\_ Date