

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000388563

**Entity Name:** OGMA USA LLC

**Current Principal Place of Business:**

6392 NW 84TH AVENUE  
DORAL, FL 33166

**Current Mailing Address:**

6392 NW 84TH AVENUE  
DORAL, FL 33166

**FEI Number:** 87-1878004

**Certificate of Status Desired:** No

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

NIEVES, JORGE L  
6392 NW 84TH AVENUE  
DORAL, FL 33166 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 NIEVES, JORGE  
Address 6392 NW 84TH AVENUE  
City-State-Zip: DORAL FL 33166

Title COO  
Name MORALES, GERMAN  
Address 6392 NW 84TH AVENUE  
City-State-Zip: DORAL FL 33166

Title MGR  
Name MORALES, GERMAN  
Address 6392 NW 84TH AVENUE  
City-State-Zip: DORAL FL 33166

Title MGR  
Name LEVANTI, ANDRES  
Address 6392 NW 84TH AVENUE  
City-State-Zip: DORAL FL 33166

Title MGR  
Name MARTINEZ, JOSHUA  
Address 6392 NW 84TH AVENUE  
City-State-Zip: DORAL FL 33166

*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:** JORGE NIEVES

JORGE NIEVES

07/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date