2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000313536

Entity Name: WA 7101 LLC

Current Principal Place of Business:

5600 SW 135 AVENUE, SUITE 106R MIAMI, FL 33183

Current Mailing Address:

5600 SW 135 AVENUE, SUITE 106R MIAMI, FL 33183 US

FEI Number: 87-1825974

Name and Address of Current Registered Agent:

WEST KENDALL REGISTERED AGENTS, INC. 5600 SW 135 AVENUE, SUITE 106R MIAMI, FL 33183 US FILED Apr 28, 2022

Secretary of State

8258921765CC

Date

Certificate of Status Desired: No

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:

Address

City-State-Zip: MIAMI FL 33183

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CURE DAU, DAVID	Name	OSORIO CHACON, CARLOS ALBERTO
Address City-State-Zip:	2101 BRICKELL AVENUE, SUITE 3106 MIAMI FL 33129	Address City-State-Zip:	1000 BRICKELL AVENUE, SUITE 201 MIAMI FL 33131
Title Name Address City-State-Zip:	MGR DIA-SARMIENTO, GABRIEL S 5600 SW 135 AVENUE, SUITE 106R MIAMI FL 33183	Title Name Address City-State-Zip:	MGRM JACUR HOLDING GROUP LLC 5600 SW 135 AVENUE, SUITE 106R MIAMI FL 33183
Title Name Address City-State-Zip: Title Name	MGRM KRYPTOS LLC 2101 BRICKELL AVE SUITE 3106 MIAMI FL 33129 MGR CURE ORFALE, FAISAL J	Title Name Address City-State-Zip:	MGMR C.A.O. ASSOCIATES, LLC 1300 BRICKELL BAY DRIVE, APT 4003 MIAMI FL 33130

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: GABRIEL SERGIO DIAZ-SARMIENTO

5600 SW 135 AVENUE, SUITE 106R

MGR

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date