

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000078255

**Entity Name:** LEMONGRASS LABS USA LLC

**Current Principal Place of Business:**

15390 SW 90 ST  
MIAMI, FL 33185

**Current Mailing Address:**

15390 SW 90 ST  
MIAMI, FL 33185 US

**FEI Number:** 32-0683262

**Certificate of Status Desired:** Yes

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

COLINA, HENRY  
15390 SW 90 ST  
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 AMBR  
Name LEMONGRASS LABS SOCIEDAD COOPERATIVA DE  
Address PASEO DE LOS LAURELES 458, #10-04  
City-State-Zip: BOSQUES DE LAS LOMAS, MEXICO 05120

Title MGR  
Name LEMONGRASS LABS SOCIEDAD COOPERATIVA DE  
Address PASEO DE LOS LAURELES 458, #10-04  
City-State-Zip: BOSQUES DE LAS LOMAS, MEXICO 05120

Title MGR  
Name NATHAN ROMAMO BUZALI  
Address PASEO DE LOS LAURELES 458, #10-04  
City-State-Zip: BOSQUES DE LAS LOMAS, MEXICO 05120

Title MGR  
Name FELIZ ROMANO MOUSSALI  
Address PASEO DE LOS LAURELES 458, #10-04  
City-State-Zip: BOSQUES DE LAS LOMAS, MEXICO 05120

*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:** NATHAN ROMAMO BUZALI

MGR

01/30/2024

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

\_\_\_\_\_  
Date