

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004018

FILED
Jan 22, 2020
Secretary of State
3829985870CC

Entity Name: MERIDIAM INFRASTRUCTURE MIAMI, LLC

Current Principal Place of Business:

605 3RD AVENUE, 36TH FLOOR
C/O MINA CORP
NEW YORK, NY 10158

Current Mailing Address:

605 3RD AVENUE, 36TH FLOOR
C/O MINA CORP
NEW YORK, NY 10158 US

FEI Number: 90-0899625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: STEPHANIE BOEHM, ASSISTANT SECRETARY

01/22/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	DEAU, THIERRY	Name	GARNIER, OLIVIER
Address	605 3RD AVENUE, 36TH FLOOR C/O MINA CORP	Address	605 3RD AVENUE, 36TH FLOOR C/O MINA CORP
City-State-Zip:	NEW YORK NY 10158	City-State-Zip:	NEW YORK NY 10158
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	RUBIN, JAMIE	Name	ROTAT, EMMANUEL
Address	605 3RD AVENUE, 36TH FLOOR C/O MINA CORP	Address	605 3RD AVE. FL 36-C/O MINA CORP
City-State-Zip:	NEW YORK NY 10158	City-State-Zip:	NEW YORK NY 10158
Title	AUTHORIZED REPRESENTATIVE		
Name	GOLDBERG, BENJAMIN B.		
Address	605 3RD AVE. FL 36-C/O MINA CORP		
City-State-Zip:	NEW YORK NY 10158		

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: BENJAMIN B. GOLDBERG

**AUTHORIZED
REPRESENTATIVE**

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date