

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90457 002 ****50.00

DOCUMENT # L00000006122

1. Entity Name

KILARIS U.S., L.L.C.



Principal Place of Business

KILARISS US LLC
1946 NE 163 STREET
NORTH MIAMI BEACH FL 33162

Mailing Address

KILARISS US LLC
1946 NE 163 STREET
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

KILARIS US LLC

3. Mailing Address

KILARIS US LLC



MOORE

CR2E083 (11/03)

Suite, Apt. #, etc.

1946 NE 163 STREET

Suite, Apt. #, etc.

1946 NE 163 STREET

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-1019084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NIKOLAEVICH KUDLAY, VLADIMIR
1690 NE 191 STREET #405
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME NIKOLAEVICH KUDLAY, VLADIMIR
STREET ADDRESS 1690 NE 191 STREET #405
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME KUDLAY NIKOLAEVICH VLADIMIR
STREET ADDRESS 1690 NE 191 STREET #405
CITY-ST-ZIP Miami FL 33179

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

[Signature] / Vladimir Kudlay /

02.28.2004

305-919-9430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #