

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90131 024 *****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
Suite, Apt. #, etc.
1946 NE 163rd Street
City & State
NORTH MIAMI BEACH
Zip
33162
Country
USA

3. Mailing Address

KILARIS US LLC
Suite, Apt. #, etc.
1946 NE 163rd Street
City & State
North Miami Beach
Zip
33162
Country
USA



☐ CHECK HERE IF MAKING CHANGES

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
VLADIMIR NIKOLAEVICH KUDLAY
Street Address (P.O. Box Number is Not Acceptable)
1690 NE 191st Street #405
City
Miami FL Zip Code
33179

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 **Vladimir Kudlay**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

03.31.2003

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIKOLAEVICH KUDLAY, VLADIMIR 1690 NE 191 STREET #405 NORTH MIAMI BEACH FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VLADIMIR NIKOLAEVICH KUDLAY 1690 NE 191st Street #405 Miami, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED**

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

03.31.2003

Date

305-919-9430

Daytime Phone #

CR2E083 (10/02)