

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086321

**Entity Name:** EZMOOV US, LLC**Current Principal Place of Business:**6585 DORCHESTER RD  
SUITE 13  
NORTH CHARLESTON, SC 29418**Current Mailing Address:**P.O. BOX 42275  
CHARLESTON, SC 29423 US**FEI Number:** 45-2832201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOFFI, EKO  
7345 W SAND LAKE ROAD  
308  
ORLANDO, FL 32819 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	MGRM
Name	RODRIGUEZ, MARTIN C
Address	7345 W SAND LAKE ROAD
City-State-Zip:	ORLANDO FL 32819

Title	MGRM
Name	MARLAN'S GROUP U.S. INC.
Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801

Title	MGR
Name	KOFFI, EKO
Address	160 HAINSWORTH DR.
City-State-Zip:	NORTH CHARLESTON SC 29418

Title	AMBR
Name	KOFFI, NIAMKEY
Address	6874 RIDGEBROOK DR
City-State-Zip:	NORTH CHARLESTON SC 29418

*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:** MARTIN C. RODRIGUEZ**PRESIDENT****03/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date