

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000139511

**FILED  
Oct 15, 2015  
Secretary of State  
CC7037695740**

**Entity Name:** AIYARA, LLC

**Current Principal Place of Business:**

3470 NW 82ND AVENUE, SUITE 988  
DORAL, FL 33122

**Current Mailing Address:**

3470 NW 82ND AVENUE, SUITE 988  
DORAL, FL 33122 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SILVERMAN, LAWRENCE D  
10725 GRIFFING BLVD.  
BISCAYNE PARK, FL 33161 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 MGR  
Name ARREERATN, PIYARAT  
Address 800 SOUTH RAINBOW DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

Title MEMBER  
Name TCS PRIVATE EQUITY III, LLC –  
SERIES 30  
Address ONE NORTH WACKER DRIVE, SUITE  
3605  
City-State-Zip: CHICAGO IL 60606

Title MEMBER  
Name ARREERATN, PIYARAT  
Address 800 SOUTH RAINBOW DRIVE  
City-State-Zip: HOLLYWOOD FL 33021

Title MEMBER  
Name ADVANTAIRA TRUST, LLC FBO  
LAWRENCE D SILVERMAN IRA  
7343301  
Address 10725 GRIFFING BLVD.  
City-State-Zip: BISCAYNE PARK FL 33161

Title MEMBER  
Name SHOMA WORLD ENTERTAINMENT,  
LLC  
Address 3470 NW 82ND AVENUE, SUITE 988  
City-State-Zip: DORAL FL 33122

*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:** LAWRENCE SILVERMAN

**MEMBER**

**10/15/2015**

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

\_\_\_\_\_  
Date