## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000098884

Entity Name: AKUARIUS AI, LLC

**Current Principal Place of Business:** 

8180 NW 36 ST. # 308 DORAL, FL 33166

**Current Mailing Address:** 

8180 NW 36 ST. # 308 DORAL, FL 33166 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIROGOVSKY, SANDRA YNES 8180 NW 36 ST. # 308 DORAL, FL 33166 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: SANDRA PIROGOVSKY 03/21/2024

Electronic Signature of Registered Agent

Date

**FILED** Mar 21, 2024

**Secretary of State** 

7652917181CC

Authorized Person(s) Detail:

Title MGR Title **PRESIDENT** 

Name PIROGOVSKY, SANDRA Y Name CASTELLANI, DANIEL JORGE

Address 8180 NW 36 ST # 308 Address 8180 NW 36 ST. # 308 City-State-Zip: DORAL FL 33166 DORAL FL 33166 City-State-Zip:

Title DIRECTOR Title **SECRETARY** 

Name CASTELLANI POZZO, ARIANA Name POZZO, MARIA SILVINA

Address 8180 NW 36 ST # 308 Address 8180 NW 36 ST # 308 DORAL FL 33166 City-State-Zip: DORAL FL 33166 City-State-Zip:

Title **MANAGER** Title **DIRECTOR** 

Name PIROGOVSKY, ERNESTO Name CASTELLANI, IVAN Address 8180 NW 36 ST. # 308 8180 NW 36 ST # 308 Address City-State-Zip: DORAL FL 33166 City-State-Zip: DORAL FL 33166

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: ERNESTO PIROGOVSKY

**MANAGER** 

03/21/2024