

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000254446

**Entity Name:** WKI USA LLC

**Current Principal Place of Business:**

1600 NE 175TH STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

1600 NE 175TH STREET  
NORTH MIAMI BEACH, FL 33162

**FEI Number:** 83-2415131

**Certificate of Status Desired:** No

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

ADR ACCOUNTING SERVICES CORP.  
4699 N FEDERAL HWY  
SUITE 109E  
POMPANO BEACH, FL 33064 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 AMBR  
Name KLEIN, EDUARDO G  
Address 1600 NE 175TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AMBR  
Name KLEIN, NELSON P  
Address 1600 NE 175TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AMBR  
Name WARTH, RICKY P  
Address 1600 NE 175TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AMBR  
Name KLEIN-COINDE, JENNIFER  
Address 3675 N COUNTRY CLUB DR  
APT 205  
City-State-Zip: AVENTURA FL 33180-1705

*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:** EDUARDO G KLEIN

AMBR

01/03/2019

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

\_\_\_\_\_  
Date