

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000281942

Entity Name: HYPERCEPTION US LLC**Current Principal Place of Business:**8345 NW 66 ST.
2994
MIAMI, FL 33166**Current Mailing Address:**8345 NW 66 ST.
2994
MIAMI, FL 33166 US**FEI Number:** 36-4938601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD
SUITE 36
ORLANDO, FL 32822 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 GUNNINGHAM, GRANT
Address 8345 NW 66 ST., APT. 2994
City-State-Zip: MIAMI FL 33166

Title MGR
Name GUNNINGHAM, SINE
Address 8345 NW 66 ST., APT. 2994
City-State-Zip: MIAMI FL 33166

Title MGR
Name MOLLER, MORNE
Address 8345 NW 66 ST., APT. 2994
City-State-Zip: MIAMI FL 33166

Title AMBR
Name GUNNINGHAM, GRANT
Address 8345 NW 66 ST., APT. 2994
City-State-Zip: MIAMI FL 33166

Title AMBR
Name GUNNINGHAM, SINE
Address 8345 NW 66 ST., APT. 2994
City-State-Zip: MIAMI 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: MORNE MOLLER

MR

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date