

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000141755

**Entity Name:** M8 US INVESTMENTS, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD.  
#301  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD.  
STE. 301  
AVENTURA, FL 33160

**FEI Number:** 84-1900231

**Certificate of Status Desired:** No

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

MATUS, JOEL  
4000 ISLAND BLVD  
STE. 301  
AVENTURA, FL 33160 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 MATUS, LARRY  
Address 49 BOWRING WALK  
City-State-Zip: TORONTO ON M3H5Z-8

Title MGR  
Name JOEL MATUS IRREVOCABLE TRUST  
Address 4000 ISLAND BLVD.  
City-State-Zip: AVENTURA FL 33160

Title MGR  
Name DEAN MATUS IRREVOCABLE TRUST  
Address 201 STONER DRIVE  
City-State-Zip: WEST HARTFORD CT 06107

Title MANAGER  
Name MATUS, ALAN M.  
Address 4000 ISLAND BLVD.  
STE. 301  
City-State-Zip: AVENTURA FL 33160

*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:** JOEL MATUS

MGR

04/28/2021

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

\_\_\_\_\_  
Date