

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005320

**Entity Name:** CELLAIRIS WM, LLC

**Current Principal Place of Business:**

6485 SHILOH ROAD BLDG B-100  
ALPHARETTA, GA 30005

**Current Mailing Address:**

6485 SHILOH ROAD BLDG B-100  
ALPHARETTA, GA 30005

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 SKOURAS, KOSTANTINOS R  
Address 6485 SHILOH ROAD BLDG B-100  
City-State-Zip: ALPHARETTA GA 30005

Title MGR  
Name BROWN, JAIME  
Address 6485 SHILOH ROAD BLDG B-100  
City-State-Zip: ALPHARETTA GA 30005

Title MGR  
Name BROWN, JOSEPH  
Address 6485 SHILOH ROAD BLDG B-100  
City-State-Zip: ALPHARETTA GA 30005

*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:** KOSTANTINOS R SKOURAS

MANAGER, BY ANA  
MANZANO, ATTORNEY-  
IN-FACT

03/26/2020

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

\_\_\_\_\_  
Date