

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000005582

**Entity Name:** ADRIANA IGLESIAS USA LLC

**Current Principal Place of Business:**

6200 GRANADA BLVD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

6200 GRANADA BLVD  
CORAL GABLES, FL 33146 US

**FEI Number: 85-1040433**

**Certificate of Status Desired: No**

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

BETTISON, LESLIE  
6200 GRANADA BLVD  
CORAL GABLES, FL 33146 US

**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**0359457718CC**

*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 IGLESIAS, ADRIANA  
Address PLAZA DE ALFONSO EL MANGANIMO  
7  
City-State-Zip: VALENCIA SPAIN 46003 AL

Title MBR  
Name IGLESIAS, ADRIANA  
Address PLAZA DE ALFONSO EL MANGANIMO  
7  
City-State-Zip: VALENCIA SPAIN 46003 AL

Title AP  
Name IGLESIAS, ADRIANA  
Address PLAZA DE ALFONSO EL MANGANIMO  
7  
City-State-Zip: VALENCIA SPAIN 46003 AL

Title MGR  
Name FONCILLAS, IGNACIO M  
Address 6200 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title AP  
Name FONCILLAS, IGNACIO M  
Address 6200 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name BETTISON, LESLIE N  
Address 6200 GRANADA BLVD  
City-State-Zip: CORAL GABLES FL 33146

*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: LESLIE N BETTISON**

**MANAGER**

**04/16/2021**

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

\_\_\_\_\_  
Date