**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jun 23, 2022**
**Secretary of State**
**6966725718CC**

DOCUMENT# M99000000313

**Entity Name:** MAGIC MEMORIES (USA) LLC

**Current Principal Place of Business:**

1597 COLE BLVD, SUITE 100
LAKEWOOD, CO 80401

**Current Mailing Address:**

1597 COLE BLVD, SUITE 100
LAKEWOOD, CO 80401 US

**FEI Number: 84-1393180**

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: JUSTINE KARNELL, ASSISTANT SECRETARY 06/23/2022

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MANAGER |
| Name | VEAL, PHIL |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

| | |
|---|---|
| Title | MANAGER |
| Name | MEADS, KATHY |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

| | |
|---|---|
| Title | SECRETARY |
| Name | CANNING, BRENT |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

| | |
|---|---|
| Title | MANAGER |
| Name | STYRIS, CRAIG |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

| | |
|---|---|
| Title | MANAGER |
| Name | WIKSTROM, JOHN |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

| | |
|---|---|
| Title | AUTHORIZED REPRESENTATIVE |
| Name | WILKING, BETSY |
| Address | 1597 COLE BLVD, SUITE 100 |
| City-State-Zip: | LAKEWOOD CO 80401 |

*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: BETSY WILKING ACCOUNTANT 06/23/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date