

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000074445

**Entity Name:** MULTI SALES & PRODUCTS LLC

**Current Principal Place of Business:**

500 NE 191ST  
MIAMI, FL 33179

**Current Mailing Address:**

500 NE 191 ST  
MIAMI, FL 33179 US

**FEI Number:** 20-3430500

**Certificate of Status Desired:** No

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

WOODBIDGE, FREDERICK JR.  
701 BRICKELL AVENUE  
SUITE 1650  
MIAMI, FL 33131 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 PSDT  
Name LEMARIE, GHISLAIN PSDT  
Address 500 NE 191 ST  
City-State-Zip: MIAMI FL 33179

Title MGRM  
Name LE GALLO, NATHALIE  
Address 5100 S.W. 65TH AVENUE  
City-State-Zip: MIAMI FL 33155

*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:** GHISLAIN LEMARIE

**PRESIDENT**

**03/06/2014**

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

\_\_\_\_\_  
Date