

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074112

**Entity Name:** FONAKID LLC

**Current Principal Place of Business:**

2750 NW 112 AVENUE  
DORAL, FL 33172

**Current Mailing Address:**

2750 NW 112 AVENUE  
DORAL, FL 33172 US

**FEI Number:** 51-0594804

**Certificate of Status Desired:** No

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

CASANAS, PAULO A  
2750 NW 112 AVENUE  
DORAL, FL 33172 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           MANAGER  
Name            CASANAS, PAULO A  
Address         7065 NW 107 CT  
City-State-Zip: DORAL FL 33178

Title            MANAGER  
Name            CASANAS, JUAN F  
Address         7065 NW 107 CT  
City-State-Zip: DORAL FL 33178

Title            MANAGER  
Name            PEREZ, CARLOS A  
Address         7331 SW 116 ST  
City-State-Zip: MIAMI FL 33156

Title            MANAGER  
Name            CASANAS, FLOR M  
Address         7065 NW 107 CT  
City-State-Zip: MIAMI FL 33178

*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:** FLOR M CASANAS

**MANAGER**

**01/21/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date