

2014 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

03/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date