

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019477

**Entity Name:** CACHES MAGIC TOUCH LLC

**Current Principal Place of Business:**

6505 BLUE LAGOON DR.  
MIAMI, FL 33126

**Current Mailing Address:**

PO BOX 261313  
MIAMI, FL 33126

**FEI Number:** 30-0469899

**Certificate of Status Desired:** No

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

ARMAS, JOSE M  
1605 SW 84 AVENUE  
MIAMI, FL 33155-1113 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 MGR  
Name ARMAS, JOSE M  
Address 1605 SW 84 AVENUE  
City-State-Zip: MIAMI FL 33155-1113

*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:** JOSE MANUEL ARMAS

**MNGR.**

**01/09/2015**

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

\_\_\_\_\_  
Date