

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038537

Entity Name: KLAFRANCHISE, LLC**Current Principal Place of Business:**99 SW 7 STREET
UNIT B
MIAMI, FL 33130**Current Mailing Address:**600 SW 1ST AVENUE
MIAMI, FL 33130 US**FEI Number:** 26-2514732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MURAI, WALD, BIONDO & MORENO PLLC
2121 PONCE DE LEON BLVD
STE 600
CORAL GABLES, FL 33134 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:** MURAI, WALD, BIONDO & MORENO**04/22/2016**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ORTEGA, ROBERTO X.
Address 600 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33130

Title CONTROLLER
Name GRIMES, DANA
Address 600 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33130

Title VP
Name MORLA, MARIA DEL CARMEN
Address 600 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33130

Title TREASURER, SECRETARY
Name DE MORLA, MARIA DEL CARMEN
Address 600 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33130

Title MANAGER
Name ISAIAS, LUIS N
Address 600 SW 1ST AVENUE
City-State-Zip: MIAMI FL 33130

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: DANA GRIMES**CONTROLLER****04/22/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date