

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038537

Entity Name: KLAFRANCHISE, LLC**Current Principal Place of Business:**1750 CORAL WAY
SUITE 301
MIAMI, FL 33145**Current Mailing Address:**1750 CORAL WAY
SUITE 301
MIAMI, FL 33145 US**FEI Number:** 26-2514732**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRISTINA MORENO P.A.
2600 DOUGLAS ROAD
SUITE 304
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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	ORTEGA, ROBERTO X.
Address	1750 CORAL WAY SUITE 301
City-State-Zip:	MIAMI FL 33145

Title	CONTROLLER
Name	GRIMES, DANA
Address	1750 CORAL WAY SUITE 301
City-State-Zip:	MIAMI FL 33145

Title	VP
Name	MORLA, MARIA DEL CARMEN
Address	1750 CORAL WAY SUITE 301
City-State-Zip:	MIAMI FL 33145

Title	TREASURER, SECRETARY
Name	DE MORLA, MARIA DEL CARMEN
Address	1750 CORAL WAY SUITE 301
City-State-Zip:	MIAMI FL 33145

Title	MANAGER
Name	ISAIAS, LUIS N
Address	1750 CORAL WAY SUITE 301
City-State-Zip:	MIAMI FL 33145

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: ORTEGA , ROBERTO X.

PRESIDENT

03/22/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date