

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060532

**Entity Name:** KONI MIAMI LLC

**Current Principal Place of Business:**

232 5TH ST  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

232 5TH ST  
MIAMI BEACH, FL 33139 US

**FEI Number:** 26-2864143

**Certificate of Status Desired:** No

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

SILVA, CAROLINA  
6712 WINDER LYNNE LANE  
ORLANDO, FL 32819 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            AMBR  
Name            SILVA, CAROLINA  
Address        6712 WINDER LYNNE LANE  
City-State-Zip: ORLANDO FL 32819

Title            MGR  
Name            SCUDELER, LUCAS M  
Address        92 SW 3RD STREET APT 512  
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:** CAROLINA SILVA

AMBR

04/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date