

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000022585

Entity Name: CARMASEIS LLC**Current Principal Place of Business:**8944 NW 24 TERRACE
DORAL, FL 33172**Current Mailing Address:**8944 NW 24 TERRACE
DORAL, FL 33172**FEI Number:** 42-1770489**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIEDRA & COMPANY, CPA PA
9100 SOUTH DADELAND BLVD STE 912
MIAMI, FL 33156 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 MGRM
Name THE KNIFE MANAGEMENT LLC
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

Title MGR
Name PAPAIZAN, TEODORO
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

Title MGR
Name PALMEIRO, GUILLERMO
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

Title MGR
Name RUIZ, CARLOS A
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

Title MGR
Name CEJAS, JOSE
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

Title MGR
Name GOTTER, CARLOS
Address 8944 NW 24 TERRACE
City-State-Zip: DORAL FL 33172

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: THE KNIFE MANAGEMENT LLC

MGRM

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date