

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000073340

**Entity Name:** BKMA ASSOCIATES, LLC**Current Principal Place of Business:**300 BAYVIEW DRIVE  
APT. #810  
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**825 BARRINGTON BOULEVARD  
MARYVILLE, TN 37803**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANGIERO, DAVID  
12790 SOUTH DIXIE HIGHWAY  
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            | MONAT, ELENA             |
| Address         | 825 BARRINGTON BOULEVARD |
| City-State-Zip: | MARYVILLE TN 37803       |

|                 |                     |
|-----------------|---------------------|
| Title           | MGRM                |
| Name            | BURKE, HILDA M      |
| Address         | 50 COMPO ROAD NORTH |
| City-State-Zip: | WESTPORT CT 06880   |

|                 |                          |
|-----------------|--------------------------|
| Title           | MGRM                     |
| Name            | KEEN, ANA                |
| Address         | 1688 CARDIFF ROAD        |
| City-State-Zip: | UPPER ARLINGTON OH 43221 |

|                 |                  |
|-----------------|------------------|
| Title           | MGRM             |
| Name            | RODRIGUEZ, LUCIA |
| Address         | P.O. BOX 11004   |
| City-State-Zip: | LAHAINA HI 96761 |

*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:** ELENA MONAT

MGRM

01/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date