## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000002662

**Entity Name: ITALKRAFT LLC** 

**Current Principal Place of Business:** 

2900 NW 77 COURT MIAMI, FL 33122

**Current Mailing Address:** 

2900 NW 77 COURT MIAMI. FL 33122

FEI Number: 27-4529485 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRATS FERNANDEZ & CO, PA 2121 PONCE DE LEON BLVD. 240 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

FILED Apr 20, 2015

**Secretary of State** 

CC6088514645

Authorized Person(s) Detail:

Title MGRM Title AUTHORIZED MEMBER

Name XAKOUSTIS, ALEXANDROS Name LENS, DIRK J

 Address
 2900 NW 77 COURT
 Address
 2900 NW 77 COURT

 City-State-Zip:
 MIAMI FL 33122
 City-State-Zip: MIAMI FL 33122

Title AUTHORIZED MEMBER
Name GUTIERREZ, RAUL J
Address 2900 NW 77 COURT
City-State-Zip: MIAMI FL 33122

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: ALEXANDROS XAKOUSTIS

**PRESIDENT** 

04/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date