

2017 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:

P.O. BOX 527204
MIAMI, FL 33152 US

FEI Number: 27-4529485

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

XAKOUSTIS, ALEXANDROS
2900 NW 77 COURT
MIAMI, FL 33122 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: ALEXANDROS XAKOUSTIS

01/09/2017

Electronic Signature of Registered Agent

Date

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

MGRM

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date