

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006739

**Entity Name:** KTK SUPPLIES, LLC

**Current Principal Place of Business:**

6030 NW 99 AVE  
SUITE 403  
DORAL, FL 33178

**Current Mailing Address:**

8542 NW 66TH ST  
MIAMI, FL 33166-2635 US

**FEI Number:** 27-4595983

**Certificate of Status Desired:** No

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

KORGHKIAN, KRIKOR  
6205 BLUE LAGOON DR.  
SUITE 130  
MIAMI, FL 33126 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 KORGHI KIAN, KRIKOR T  
Address 6030 NW 99 AVE. STE. 403  
City-State-Zip: DORAL FL 33178

*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:** KORGHKIAN , KRIKOR T

MGRM

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date