

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111414

**FILED  
Apr 29, 2015  
Secretary of State  
CC1435853875**

**Entity Name:** KIRSA LLC

**Current Principal Place of Business:**

13501 SW 128TH STREET  
SUITE #202  
MIAMI, FL 33186

**Current Mailing Address:**

13501 SW 128TH STREET  
SUITE #202  
MIAMI, FL 33186

**FEI Number:** 45-3541393

**Certificate of Status Desired:** No

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

SUAZO, TIM  
13501 SW 128TH STREET  
SUITE #202  
MIAMI, FL 33186 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 ELFON MIZRAHI, JOSE  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name ELFON DE RAMANO, JESSICA  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name ELFON TUACHI, ESTHER  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name ELFON DE COHEN, CELIA  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name TUACHI DE ELFON, EUGENIA  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

Title MGRM  
Name ELFON TUACHI, ABRAHAM  
Address 13501 SW 128TH STREET, STE 202  
City-State-Zip: MIAMI FL 33186

*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:** JOSE ELFON MIZRAHI

AMBR

04/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date