

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111414

**FILED**  
**Apr 30, 2016**  
**Secretary of State**  
**CC6950238333**

**Entity Name:** KIRSA LLC

**Current Principal Place of Business:**

7951 RIVIERA BLVD  
SUITE 210  
MIRAMAR, FL 33023

**Current Mailing Address:**

7951 RIVIERA BLVD  
SUITE 210  
MIRAMAR, FL 33023 US

**FEI Number:** 45-3541393

**Certificate of Status Desired:** No

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

SUAZO, TIM  
7951 RIVIERA BLVD  
SUITE 210  
MIRAMAR, FL 33023 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 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

Title MGRM  
Name ELFON DE RAMANO, JESSICA  
Address 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

Title MGRM  
Name ELFON TUACHI, ESTHER  
Address 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

Title MGRM  
Name ELFON DE COHEN, CELIA  
Address 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

Title MGRM  
Name TUACHI DE ELFON, EUGENIA  
Address 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

Title MGRM  
Name ELFON TUACHI, ABRAHAM  
Address 7951 RIVIERA BLVD  
SUITE 210  
City-State-Zip: MIRAMAR FL 33023

*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

**MGRM**

**04/30/2016**

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

\_\_\_\_\_  
Date