

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000089447

**Entity Name:** KAREN KAFIN LLC

**Current Principal Place of Business:**

4300 ADAMS AVE  
MB, FL 33140

**Current Mailing Address:**

4300 ADAMS AVE  
MB, FL 33140

**FEI Number:** 46-0657506

**Certificate of Status Desired:** No

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

KAFIN, KAREN  
4300 ADAMS AVE  
MB, FL 33140 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 MGR  
Name KAFIN, KAREN  
Address 4300 ADAMS AVE  
City-State-Zip: MB FL 33140

*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:** KAREN KAFIN

MGR

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date