

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000108766

**Entity Name:** KAFIE TRADING COMPANY, L.L.C.

**Current Principal Place of Business:**

13210 SW 132 AVE  
UNIT # 10  
MIAMI, FL 33186

**Current Mailing Address:**

8334 SW 193 STREET  
MIAMI, FL 33157 US

**FEI Number: 46-1235494**

**Certificate of Status Desired:** No

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

KAFIE, VIVIAN I  
8334 SW 193RD STREET  
MIAMI, FL 33157 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                  | Title           | MGRM                 |
| Name            | KAFIE, VIVIAN I      | Name            | KAFIE, GABY DR.      |
| Address         | 8334 SW 193RD STREET | Address         | 8334 SW 193RD STREET |
| City-State-Zip: | MIAMI FL 33157       | City-State-Zip: | MIAMI FL 33157       |

*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: DR. GABY KAFIE

MANAGER

10/09/2014

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

\_\_\_\_\_  
Date