## 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: GABY KAFIE

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

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

**Current Principal Place of Business:** 

13210 SW 132 AVE UNIT # 10 MIAMI, FL 33186

## **Current Mailing Address:**

DOCUMENT# L12000108766

8334 SW 193 STREET MIAMI, FL 33157 US

## FEI Number: 46-1235494

## Name and Address of Current Registered Agent:

KAFIE, GABY DR. 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	: GABY KAFIE			02/22/2015
	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	

PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

02/22/2015 Date