## 2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L13000001254

**Entity Name: KARALEXI LLC** 

**FILED** Aug 10, 2016 **Secretary of State** CC1157260459

## **Current Principal Place of Business:**

44 W FLAGLER STREET **SUITE 2300** MIAMI, FL 33130

## **Current Mailing Address:**

44 W FLAGLER STREET **SUITE 2300** MIAMI, FL 33130 US

FEI Number: 36-4750205 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ATRIUM CPA 44 W FLAGLER STREET **SUITE 2300** MIAMI, FL 33130 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: ALINE DARMOUNI 08/10/2016

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

**TREASURER** Title Title

Name DARMOUNI, ALINE Name FLYAGINA, ANNA

44 W FLAGLER STREET 44 W FLAGLER STREET Address Address

**SUITE 2300 SUITE 2300** 

City-State-Zip: MIAMI FL 33130 City-State-Zip: MIAMI FL 33130

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.

08/10/2016 SIGNATURE: ALINE DARMOUNI **TREASURER**