

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000003064

Entity Name: MIA APPLIANCES, LLC**Current Principal Place of Business:**20385 BISCAYNE BLVD
AVENTURA, FL 33180**Current Mailing Address:**20385 BISCAYNE BLVD
AVENTURA, FL 33180 US**FEI Number:** 46-4445805**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOIFER, PABLO
20385 BISCAYNE BLVD
AVENTURA, FL 33180 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:** PABLO SOIFER

01/02/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SOIFER, PABLO
Address 20385 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name ROUCO, REYNALDO JR.
Address 20385 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name WAINER, JAVIER G
Address 20385 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name MURPHY, MARK E
Address 20385 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33180

Title MANAGER
Name WAINER, ARIEL M
Address 20385 BISCAYNE BLVD
City-State-Zip: AVENTURA FL 33180

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: PABLO SOIFER

MANAGER

01/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date