

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000035564

Entity Name: KARNIS LLC**Current Principal Place of Business:**1020 ALI-BABA AVE
OPA LOCKA, FL 33054**Current Mailing Address:**1020 ALI-BABA AVE
OPA LOCKA, FL 33054 US**FEI Number:** 46-4974104**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KARNI, NEAL
5324 HAYES STREET
HOLLYWOOD, FL 33021 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:** NEAL KARNI

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | KARNI, NEAL SR |
| Address | 5324 HAYES STREET |
| City-State-Zip: | HOLLYWOOD FL 33312 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | KARNI, LIOR SR |
| Address | 5324 HAYES STREET |
| City-State-Zip: | HOLLYWOOD FL 33312 |

| | |
|-----------------|-----------------------|
| Title | MGR |
| Name | KARNI, DOR |
| Address | 1151 S PARK RD 207 |
| City-State-Zip: | DAVIE FL 33314 |

| | |
|-----------------|-----------------|
| Title | MGR |
| Name | BRODY, EFRAIM |
| Address | 310 NW 171ST ST |
| City-State-Zip: | MIAMI FL 33169 |

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: NEAL KARNI**OWNER**

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date