

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079495

**Entity Name:** CLARISSE.KM LLC

**Current Principal Place of Business:**

7094 SW 117 AVENUE  
MIAMI, FL 33183

**Current Mailing Address:**

7094 SW 117 AVENUE  
MIAMI, FL 33183

**FEI Number:** 35-2508198

**Certificate of Status Desired:** No

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

JADE ASSOCIATES MIAMI INC.  
100 NORTH BISCAYNE BOULEVARD  
SUITE 500  
MIAMI, FL 33132 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            AUTHORIZED MEMBER, MANAGER  
Name            LALUN, CATHERINE J  
Address        7094 SW 117 AVENUE  
City-State-Zip: MIAMI FL 33183

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:** CATHERINE J LALUN

**MANAGER & MEMBER**

**04/09/2015**

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

\_\_\_\_\_  
Date