

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000194313

Entity Name: MIKI 2313 LLC**Current Principal Place of Business:**409 W. HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009**Current Mailing Address:**409 W. HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009 US**FEI Number:** 36-4801155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIRIAKIDIS, MIGUEL
409 W. HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009 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:** MIGUEL KIRIAKIDIS

03/02/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KIRIAKIDIS, MIGUEL
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name VILLAR, HILDA
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name MISA CARBALLEIRA, MARIA C
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name MISA CARBALLEIRA, MARCELINO
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name KIRIAKIDIS VILLAR, SANDRA H
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name KIRIAKIDIS VILLAR, ALFREDO A
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name KIRIAKIDIS VILLAR, GABRIELA H
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

Title MGR
Name KIRIAKIDIS VILLAR, ANDRES M
Address 409 W. HALLANDALE BEACH BLVD
SUITE 204
City-State-Zip: HALLANDALE FL 33009

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: MIGUEL KIRIAKIDIS

MGR

03/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date