## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000047767

Entity Name: KINESIUM, L.L.C.

**Current Principal Place of Business:** 

19370 COLLINS AVE #1108C SUNNY ISLES. FL 33160

**Current Mailing Address:** 

19370 COLLINS AVE #1108C SUNNY ISLES. FL 33160

FEI Number: 47-4072051 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAPLUN, SILVIA 19370 COLLINS AVE #1108C SUNNY ISLES, FL 33160 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

**FILED** Mar 30, 2016

**Secretary of State** 

CC8540766506

Authorized Person(s) Detail:

Title MGR Title

BALANOFSKY, JUAN ISIDORO Name BALANOFSKY, JUAN ISIDORO Name 19370 COLLINS AVE #1108C Address 19370 COLLINS AVE #1108C Address City-State-Zip: SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 City-State-Zip:

VΡ Title Title **AMBR** 

Name NAROCKI, SILVIA ESTHER KAPLUN, SILVIA Name Address 19370 COLLINS AVE #1108C Address 19370 COLLINS AVE #1108C SUNNY ISLES FL 33160 City-State-Zip:

Title MGR

City-State-Zip:

Name BALANOFSKY, DAN

19370 COLLINS AVE #1108C Address City-State-Zip: SUNNY ISLES FL 33160

SUNNY ISLES FL 33160

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: SILVIA E KAPLUN **AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

03/30/2016

Date