

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000193898

**FILED
Apr 29, 2016
Secretary of State
CC5091768890**

Entity Name: TAIKI LLC

Current Principal Place of Business:

3655 NW 107 AVE SUITE 104
DORAL, FL 33178

Current Mailing Address:

3655 NW 107 AVE STE 104
DORAL, FL 33178 US

FEI Number: 32-0479519

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MULE, ANA M
3655 NW 107 AVE SUITE 104
DORAL, FL 33178 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 AMBR
Name MULE, ANA M
Address 3625 NW 82 AVE STE 215
City-State-Zip: DORAL FL 33166

Title AMBR
Name MULE, RAFFAELE
Address 3625 NW 82 AVE STE 215
City-State-Zip: DORAL FL 33166

Title AMBR
Name D'ALTO, MAURO
Address 3625 NW 82 AVE STE 215
City-State-Zip: DORAL FL 33166

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: ANA MULE

AMBR

04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date