

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000050762

**Entity Name:** KAIZEN SOLUTIONS INTERNATIONAL LLC

**Current Principal Place of Business:**

3590 NW 54TH ST.  
SUITE 1  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3590 NW 54TH ST.  
SUITE 1  
FORT LAUDERDALE, FL 33309 UN

**FEI Number:** 81-1736134

**Certificate of Status Desired:** No

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

KORN, TYLER  
5150 TAMiami TRAIL N.  
SUITE 302  
NAPLES, FL 34103 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 MGRM  
Name SOTIS, PETER  
Address 3590 NW 54TH ST., SUITE 1  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** PETER SOTIS

**MANAGING PARTNER**

**04/24/2017**

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

\_\_\_\_\_  
Date