

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000003357

**Entity Name:** 1000 KM LLC

**Current Principal Place of Business:**

LOPEZ LEVI LOWENSTEIN, P.A.  
201 ALHAMBRA CIRCLE, SUITE 701  
CORAL GABLES, FL 33134

**Current Mailing Address:**

LOPEZ LEVI LOWENSTEIN, P.A.  
201 ALHAMBRA CIRCLE, SUITE 701  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-4899832

**Certificate of Status Desired:** No

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

LOPEZ LEVI LOWENSTEIN, P.A.  
201 ALHAMBRA CIRCLE, SUITE 701  
CORAL GABLES, FL 33134 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 MGR  
Name MIN, BENJAMIN  
Address 3815 E HIBISCUS STREET  
City-State-Zip: WESTON FL 33332

Title AMBR  
Name KIM, ALICE  
Address 3815 E HIBISCUS STREET  
City-State-Zip: WESTON FL 33332

Title MGR  
Name KWON, DUK KI  
Address 3815 E HIBISCUS STREET  
City-State-Zip: WESTON FL 33332

*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:** MIN , BENJAMIN

MGR

01/15/2018

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

\_\_\_\_\_  
Date