

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017066

**Entity Name:** K-ARMAS LLC

**Current Principal Place of Business:**

1424 NE MIAMI PL  
APT 1722  
MIAMI, FL 33132

**Current Mailing Address:**

1424 NE MIAMI PL  
APT 1722  
MIAMI, FL 33132 US

**FEI Number:** 83-3266756

**Certificate of Status Desired:** No

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

ARMAS, JUAN C  
1424 NE MIAMI PL  
APT 1722  
MIAMI, FL 33132 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 ARMAS, ANA K  
Address 1424 NE MIAMI PL  
APT 1722  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name ARMAS, KARLA S  
Address 1424 NE MIAMI PL  
APT 1722  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name VIDAL, YANET  
Address 1424 NE MIAMI PL  
APT 1722  
City-State-Zip: MIAMI FL 33132

Title AMBR  
Name ARMAS, JUAN C  
Address 1424 NE MIAMI PL  
APT 1722  
City-State-Zip: MIAMI FL 33132

*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:** JUAN C ARMAS

AMBR

06/29/2020

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

\_\_\_\_\_  
Date