

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000303813

**Entity Name:** KANIDRI CAPITAL LLC

**Current Principal Place of Business:**

15390 SW 20 ST  
MIAMI, FL 33185

**Current Mailing Address:**

15390 SW 20 ST  
MIAMI, FL 33185

**FEI Number:** 38-4160475

**Certificate of Status Desired:** Yes

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

COLINA, ENRIQUE L  
15390 SW 20 ST.  
MIAMI, FL 33185 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 KANIDRI SA DE CV  
Address AVENIDA LOMAS ENCANTO 32, #E-601  
City-State-Zip: HUIXQUILUCAN EM 52764

Title MGR  
Name KANIDRI SA DE CV  
Address AVENIDA LOMAS ENCANTO 32, #E-601  
City-State-Zip: HUIXQUILUCAN EM 52764

Title MGR  
Name COHEN ZAGA, MAYER  
Address AVENIDA LOMAS ENCANTO 32, #E-601  
City-State-Zip: HUIXQUILUCAN EM 52764

Title MGR  
Name COHEN MEMUN, ELIAS  
Address AVENIDA LOMAS ENCANTO 32, #E-601  
City-State-Zip: HUIXQUILUCAN EM 52764

*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:** COHEN ZAGA , MAYER

MGR

01/30/2024

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

\_\_\_\_\_ Date