

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021216

1. Entity Name
KIRA, LLC



Principal Place of Business

**1625 NORTH COMMERCE PARKWAY #315
WESTON, FL 33326**

Mailing Address

**1625 NORTH COMMERCE PARKWAY #315
WESTON, FL 33326**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0479947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ILEANA ARIAS TOVAR, ESQ.
WESTON TOWN CENTER
1725 MAIN STREET, SUITE 205
WESTON, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000323890
04/25/05-80138-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MARTINEZ, CIRO
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	MARTINEZ, ROSA
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	ALBACETE, ALFONSO
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	MGR
NAME	ANZOLA, FRANCISCO
STREET ADDRESS	1625 NORTH COMMERCE PARKWAY #315
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/05

Date

954 399-6161

Daytime Phone #