2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 001 ****50.00

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07022007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000084931

1. Entity Name
K15, LLC

Principal Place of Business	Mailing Address
1681 N.W. 97TH AVENUE DORAL, FL 33172	1681 N.W. 97TH AVENUE DORAL, FL 33172

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1845 NW 112 AVENUE		1845 NW 112 AVENUE	
Suite, Apt. #, etc. UNIT 199		Suite, Apt. #, etc. UNIT 199	
City & State MIAMI, FL. 33172		City & State MIAMI, FL. 33172	
Zip 33172	Country USA	Zip 33172	Country USA

4. FEI Number 20-2430755 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LEO, SANTE
1681 N.W. 97TH AVENUE
DORAL, FL 33172

7. Name and Address of New Registered Agent

Name DE LEO, SANTE
Street Address (P.O. Box Number is Not Acceptable) 1845 NW 112 TH AVENUE
UNIT 199
City MIAMI FL Zip Code 33172

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] 7/2/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DE LEO, SANTE 1681 NW 97TH AVENUE DORAL, FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1845 NW 112 AVE, UNIT 199 MIAMI, FL. 33172	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 7/2/07 3/5940850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #