

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-26-2007 90040 040 ****50.00
L06000041585

DOCUMENT # L06000041585

1. Entity Name
KRA OFFICES LLC



FILED

2007 MAY 10 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2601 S. BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

Mailing Address
2601 S. BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

20-4741879

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

EDUARDO AVILA

Street Address (P.O. Box Number is Not Acceptable)

2601 So. Bayshore Dr #200

City

MIAMI

FL

Zip Code

33133

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 restate)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
AVILA, EDUARDO
2601 S. BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
AVILA, CARLOS
2601 S. BAYSHORE DRIVE, SUITE 200
MIAMI, FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

04/23/07