

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000020866

**Entity Name:** KSJ PALMS, LLC

**Current Principal Place of Business:**

3025 COLLINS AVENUE  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131

**FEI Number:** 20-8590662

**Certificate of Status Desired:** No

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

LAW CENTER OF THE AMERICAS, LLC  
201 SOUTH BISCAYNE BOULEVARD  
SUITE 800  
MIAMI, FL 33131 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 MGR  
Name JANZON, KATJA  
Address 3025 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title P/AS  
Name JANZON, KATJA  
Address 3025 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title M/T  
Name JANZON, KENT  
Address 3025 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

Title MVPS  
Name KRAUSE, HANS-JOACHIM  
Address 3025 COLLINS AVENUE  
City-State-Zip: MIAMI BEACH FL 33140

*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:** KATJA JANZON

MGR

02/17/2015

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

\_\_\_\_\_ Date