

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078779

**FILED**  
**Mar 21, 2015**  
**Secretary of State**  
**CC7475400575**

**Entity Name:** KONTROLAIR LLC

**Current Principal Place of Business:**

2655 SOUTH LE JEUNE ROAD  
SUITE 709  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2655 SOUTH LE JEUNE ROAD  
SUITE 709  
CORAL GABLES, FL 33134 US

**FEI Number:** 39-2078395

**Certificate of Status Desired:** No

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

DOLPHIN CAPITAL GROUP LLC  
1600 PONCE DE LEON BOULEVARD  
10TH FLOOR  
CORAL GABLES, FL 33134 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:** FREDERICK PLATA

03/21/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SALCEDO, RAFAEL A. SR.  
Address 2655 SOUTH LE JEUNE ROAD  
SUITE 709  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name GIL, CARMEN  
Address 2655 SOUTH LE JEUNE ROAD  
SUITE 709  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name SALCEDO, RAFAEL A. JR.  
Address 2655 SOUTH LE JEUNE ROAD  
SUITE 709  
City-State-Zip: CORAL GABLES FL 33134

*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:** RAFAEL A. SALCEDO

MGRM

03/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date