

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L11000123022

**FILED**  
**Feb 13, 2014**  
**Secretary of State**  
**CC4565412648**

**Entity Name:** KAVEL LLC

**Current Principal Place of Business:**

569 E SAMPLE ROAD  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

569 E SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

**FEI Number:** 45-3129068

**Certificate of Status Desired:** No

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

CSG-CAPITAL SERVICES GROUP INC  
446 W. HILLSBORO BLVD.  
DEERFIELD BEACH, FL 33441 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 MGRM  
Name SILVA, MARIA J  
Address 569 E SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

Title MGRM  
Name SILVA FILHO, ANDRE  
Address 569 E SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

Title MGRM  
Name SILVA, ANDREA K  
Address 569 E SAMPLE ROAD  
City-State-Zip: POMPANO BEACH FL 33064

*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:** MARIA SILVA

**PRESIDENT**

**02/13/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date