

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000128757

**Entity Name:** KAPADIA LLC

**Current Principal Place of Business:**

17819 SW 54TH ST  
#LLC  
MIRAMAR, FL 33029

**Current Mailing Address:**

PO BOX 278271  
MIRAMAR, FL 33027 US

**FEI Number:** 45-3800574

**Certificate of Status Desired:** No

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

KAPADIA, POORAB  
17819 SW 54TH ST  
#LLC  
MIRAMAR, FL 33029 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           MANAGER  
Name           KAPADIA, POORAB  
Address        PO BOX 278271  
City-State-Zip: MIRAMAR FL 33027

Title           MANAGER  
Name           KAPADIA, LAKSHMI PRASANNA  
Address        PO BOX 278271  
City-State-Zip: MIRAMAR FL 33027

*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:** POORAB KAPADIA

**MANAGER**

**02/20/2015**

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

\_\_\_\_\_  
Date