

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000074355

**Entity Name:** KARIGRABEN L.L.C.

**Current Principal Place of Business:**

540 BRICKELL KEY DR  
817  
MIAMI, FL 33131

**Current Mailing Address:**

540 BRICKELL KEY DR  
817  
MIAMI, FL 33131

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BAER, CYNTHIA MS  
2101 BRICKELL AVE  
502  
MIAMI, FL 33129 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 BAER, CYNTHIA MISS  
Address 210 BRICKELL AVE  
City-State-Zip: MIAMI FL 33129

Title MGRM  
Name GRABENHEIMER, KARINA MISS  
Address 540 BRICKELL KEY DR  
City-State-Zip: MIAMI FL 33131

*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:** KARINA GRABENHEIMER

**PRINCIPAL**

**01/12/2015**

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

\_\_\_\_\_  
Date