

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000126899

Entity Name: RAFAEL R KALAF,LLC

Current Principal Place of Business:

2045 TROPIC BAY CT.
ORLANDO, FL 32807

Current Mailing Address:

2045 TROPIC BAY CT.
ORLANDO, FL 32807 US

FEI Number: 46-3624951

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KALAF, RAFAEL R
2045 TROPIC BAY CT.
ORLANDO, FL 32807 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 MGM
Name KALAF, RAFAEL R
Address 2045 TROPIC BAY CT.
City-State-Zip: ORLANDO FL 32807

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 R KALAF

MGM

04/24/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date