

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000130544

**Entity Name:** CITI IMPORTS, LLC

**Current Principal Place of Business:**

6303 BLUE LAGOON DRIVE  
UNIT # 400  
MIAMI, FL 33126

**Current Mailing Address:**

10710 NW 66TH ST  
APT 409  
DORAL, FL 33178 US

**FEI Number:** 47-1641545

**Certificate of Status Desired:** No

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

KASERA, GAURAV  
675 NW 85TH CT  
UNIT # 201 MIAMI  
DORAL, FL 33126 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           | DIRECTOR                                                | Title           | MGR                          |
| Name            | KASERA, GAURAV                                          | Name            | SINGHAL, DEEPALI             |
| Address         | 675 NW 85TH CT 10 NW 66TH ST ,<br>APT 409<br>UNIT # 201 | Address         | 675 NW 85TH CT<br>UNIT # 201 |
| City-State-Zip: | DORAL FL 33178                                          | City-State-Zip: | MIAMI FL 33126               |

*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:** GAURAV KASERA

**PRESIDENT**

**01/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date