

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181268

**Entity Name:** KAISER MULLER, LLC

**Current Principal Place of Business:**

615 BRICKELL KEY DRIVE  
MIAMI, FL 33131

**Current Mailing Address:**

615 BRICKELL KEY DRIVE  
MIAMI, FL 33131 US

**FEI Number:** 30-0858362

**Certificate of Status Desired:** No

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

GLOBAL LEGAL  
2655 LE JEUNE ROAD  
413  
CORAL GABLES, FL 33134 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 AR  
Name MULLER-WOLF, MARCEL E  
Address 615 BRICKELL KEY DRIVE  
City-State-Zip: MIAMI FL 33131

Title P  
Name MULLER-WOLF, MARCEL E  
Address 615 BRICKELL KEY DRIVE  
City-State-Zip: MIAMI FL 33131

Title S  
Name MULLER-WOLF, MARCEL E  
Address 615 BRICKELL KEY DRIVE  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name SOCOMCAR, SPA  
Address SAN IGNACIO 1992  
City-State-Zip: COMUNA DE SANTIAGO CH 33134

*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:** MARCEL MULLER-WOLF

**MANAGER**

**04/07/2015**

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

\_\_\_\_\_  
Date