### 2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000057033

Entity Name: KALIPARK LLC

**FILED** May 09, 2016 **Secretary of State** CC6760600332

## **Current Principal Place of Business:**

520 WEST AVENUE COMMERCIAL 2 MIAMI BEACH, FL 33139

# **Current Mailing Address:**

**520 WEST AVENUE COMMERCIAL 2** MIAMI BEACH, FL 33139 US

FEI Number: 47-3581536 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

OLIVIERI, FEDERICO 520 WEST AVENUE COMMERCIAL 2 MIAMI BEACH, FL 33139 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 Title AUTHORIZED MEMBER Name CONSOLE, CLAUDIO Name JOHNSON, CARRIE 520 WEST AVENUE - COMMERCIAL 2 520 WEST AVENUE Address Address **COMMERCIAL 2** City-State-Zip: MIAMI BEACH FL 33139

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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: CLAUDIO CONSOLE

**MANAGER** 

05/09/2016