

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000027926

**Entity Name:** KAP2 LLC

**Current Principal Place of Business:**

303 GALEN DR.  
APT. 212  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

303 GALEN DR.  
APT. 212  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 36-4829146

**Certificate of Status Desired:** Yes

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

CORPORACIONES USA INC  
5040 NW 7TH ST  
SUITE 690  
MIAMI, 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 MGR  
Name SARZOSA, XAVIER J  
Address 303 GALEN DR.  
APT. 212  
City-State-Zip: KEY BISCAYNE FL 33149

Title MGR  
Name LUNA, MIRIAM R  
Address 303 GALEN DR.  
APT. 212  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** XAVIER SARZOSA

**DIRECTORS**

**04/11/2017**

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

\_\_\_\_\_  
Date