# 2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2100006372

Entity Name: KCM ONYX, LLC

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

1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009

## **Current Mailing Address:**

1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009 US

### FEI Number: 86-3400766

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

KAWA CAPITAL MANAGEMENT INC 1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009 US Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

Title	AO	Title	AO
Name	ADES, DANIEL	Name	SAVERIN, ALEXANDRE
Address	1010 S. FEDERAL HIGHWAY SUITE 2900	Address	1010 S. FEDERAL HIGHWAY SUITE 2900
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	AO	Title	AO
Name	BALDIM, CRISTINA	Name	LEMOS, CARLOS F
Address	1010 S. FEDERAL HIGHWAY SUITE 2900	Address	1010 S. FEDERAL HIGHWAY SUITE 2900
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	AO		
Name	TRASTER, JEREMY		
Address	1010 S. FEDERAL HIGHWAY		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name	TitleAONameADES, DANIELAddress1010 S. FEDERAL HIGHWAY SUITE 2900City-State-Zip:HALLANDALE BEACH FL 33009TitleAONameBALDIM, CRISTINAAddress1010 S. FEDERAL HIGHWAY SUITE 2900City-State-Zip:HALLANDALE BEACH FL 33009TitleAOAddress1010 S. FEDERAL HIGHWAY SUITE 2900City-State-Zip:HALLANDALE BEACH FL 33009TitleAONameTRASTER, JEREMY	TitleAOTitleNameADES, DANIELNameAddress1010 S. FEDERAL HIGHWAY SUITE 2900AddressCity-State-Zip:HALLANDALE BEACH FL 33009City-State-Zip:TitleAOTitleNameBALDIM, CRISTINANameAddress1010 S. FEDERAL HIGHWAY SUITE 2900AddressCity-State-Zip:HALLANDALE BEACH FL 33009City-State-Zip:TitleAOState-Zip:Name1010 S. FEDERAL HIGHWAY SUITE 2900AddressCity-State-Zip:HALLANDALE BEACH FL 33009City-State-Zip:TitleAOState-Zip:NameTRASTER, JEREMYState-Zip:

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.

AO

# SIGNATURE: CRISTINA BALDIM

SUITE 2900 City-State-Zip: HALLANDALE BEACH FL 33009

Electronic Signature of Signing Authorized Person(s) Detail

# FILED May 01, 2023 Secretary of State 7389535523CC

05/01/2023 Date

Date