

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006480

**Entity Name:** OAKEN ENTERPRISES, LLC

**Current Principal Place of Business:**

3253 CRANLEIGH DR.  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3253 CRANLEIGH DR.  
TALLAHASSEE, FL 32309

**FEI Number:** 45-0470904

**Certificate of Status Desired:** No

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

BRADY, KIM  
3253 CRANLEIGH DR.  
TALLAHASSEE, FL 32309 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 MGRM  
Name BRADY, KIMBERLY WMS  
Address 3253 CRANLEIGH DR.  
City-State-Zip: TALLAHASSEE FL 32309

Title MGRM  
Name BRADY, ANDREW CMR  
Address 3253 CRANLEIGH DR.  
City-State-Zip: TALLAHASSEE FL 32309

*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:** ANDREW BRADY

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date