

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000071319

**Entity Name:** KUNDE'S KOVE LLC

**Current Principal Place of Business:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156

**Current Mailing Address:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**FEI Number:** 20-1692501

**Certificate of Status Desired:** No

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

KUNDE, CLIFFORD AMR.  
8265 SW 117TH TERRACE  
MIAMI, FL 33156 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	SEC
Name	KUNDE, CLIFFORD AMR.	Name	KUNDE, JANET BMRS.
Address	8265 SW 117TH TERRACE	Address	8265 SW 117 TERRACE
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

*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:** CLIFFORD A KUNDE

AMR

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date