

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000063334

**Entity Name:** KINDA, L.L.C.

**Current Principal Place of Business:**

% DR. GARY N. ACKERMAN  
55 SAINT JAMES DRIVE  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

% DR. GARY N. ACKERMAN  
55 SAINT JAMES DRIVE  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 20-3144055

**Certificate of Status Desired:** No

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

ZANE, JEFFREY P  
7108 FAIRWAY DRIVE  
150  
PALM BEACH GARDENS, FL 33418 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 ACKERMAN, GARY N  
Address 55 SAINT JAMES DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name COHN, JESSICA  
Address 55 SAINT JAMES DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name ACKERMAN, RONALD T  
Address 55 SAINT JAMES DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title MGRM  
Name ACKERMAN, BARBARA  
Address 55 SAINT JAMES DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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:** GARY ACKERMAN

**PRESIDENT**

**03/15/2018**

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

\_\_\_\_\_  
Date