

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041309

**Entity Name:** AKOMODI ENTERPRISE, LLC

**Current Principal Place of Business:**

15575 CEDAR BLUFF PL  
WELLINGTON, FL 33414

**Current Mailing Address:**

752 EAST 216TH STREET  
2  
BRONX, NY 10467

**FEI Number:** 27-2420281

**Certificate of Status Desired:** Yes

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

WAYNE, CAMERON  
15575 CEDAR BLUFF PL  
WELLINGTON, FL 33414 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 JOSEPH, AKOMODI  
Address 752 EAST 216TH STREET APT 2  
City-State-Zip: BRONX NY 10467

Title MGRM  
Name OMOLAJA, FATAI  
Address 752 EAST 216TH STREET APT 2  
City-State-Zip: BRONX NY 10467

*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:** JOSEPH OZIGIS AKOMODI

MANAGEMENT

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date