| FEI Number: 27-2420281   |  | Certificate of Status Desired: No |                            |            |
|--|--|-----------------------------------|----------------------------|------------|
| Name and Address of Current Registered Agent:  |  |                                   |                            |            |
| REGISTERED AGENT SERVICES CO.<br>2975 BEE RIDGE ROAD<br>SUITE C3<br>SARASOTA, FL 34239 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: M. ANGELO REPR. FOR RA SERVICES CO.   |  |                                   |                            | 03/14/2016 |
|  | Electronic Signature of Registered Agent |                                   |                            | Date       |
| Authorized Person(s) Detail :  |  |                                   |                            |            |
| Title  | MGRM                                     | Title                             | MGRM                       |            |
| Name   | JOSEPH, AKOMODI                          | Name                              | AKOMODI, HELEN             |            |
| Address  | 752 EAST 216TH STREET<br>2               | Address                           | 752 EAST 216TH STREET<br>2 |            |
| City-State-Zip:  | BRONX NY 10467                           | City-State-Zip:                   | BRONX NY 10467             |            |

## **Current Mailing Address:**

15575 CEDAR BLUFF PL WELLINGTON. FL 33414

DOCUMENT# L10000041309

Entity Name: AKOMODI ENTERPRISE, LLC

**Current Principal Place of Business:** 

752 EAST 216TH STREET 2 **BRONX, NY 10467** 

## FEI Number: 27-2420281

## Ν

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 O. AKOMODI

MGRM

03/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **FILED** Mar 14, 2016 **Secretary of State** CC1700052520

Cartificate of Status Desired, N

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT