

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110298

**Entity Name:** IKCANROK ENTERPRISES LLC

**Current Principal Place of Business:**

271 WILLOW WINDS PKWY  
SAINT JOHNS, FL 32259-7267

**Current Mailing Address:**

450-106 STATE ROAD 13 NORTH  
# 178  
SAINT JOHNS, FL 32259-3863 US

**FEI Number:** 27-3734571

**Certificate of Status Desired:** No

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

KORNACKI, TIMOTHY D  
271 WILLOW WINDS PKWY  
SAINT JOHNS, FL 32259-7267 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 KORNACKI, TIMOTHY D  
Address 271 WILLOW WINDS PKWY  
City-State-Zip: SAINT JOHNS FL 32259-7267

Title MGRM  
Name LINDA, KORNACKI  
Address 271 WILLOW WINDS PKWY  
City-State-Zip: SAINT JOHNS FL 32259-7267

*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:** TIMOTHY D KORNACKI

**PRESIDENT**

**02/21/2017**

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

\_\_\_\_\_  
Date