#### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000096572

#### Entity Name: NIKUYA, LLC

### **Current Principal Place of Business:**

11395-D WEST PALMETTO PARK ROAD BOCA RATON, FL 33428

#### **Current Mailing Address:**

11395-D WEST PALMETTO PARK ROAD BOCA RATON, FL 33428 US

# FEI Number: 47-1185812

## Name and Address of Current Registered Agent:

CALVARESE PROFESSIONAL ACCOUNTING 5340 NORTH FEDERAL HIGHWAY **SUITE #202** LIGHTHOUSE POINT, FL 33064 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.

BRIAN C. CALVARESE			02/17/2016
Electronic Signature of Registered Agent			Date
Person(s) Detail :			
MGR	Title	MEMBER	
SUPAPOL, KRITAPOL	Name	JITKAWINROJ, KITTIPONG	
8119 BOCA RIO DRIVE	Address	13000 S.W. 92ND AVENUE	
City-State-Zip: BOCA RATON FL 33433		APT #B205	
	City-State-Zip:	MIAMI FL 33176	
MEMBER			
SUKSAMRAN, THANIK			
558 S.W. TWIG AVENUE			
PORT SAINT LUCIE FL 34983			
	Electronic Signature of Registered Agent Person(s) Detail : MGR SUPAPOL, KRITAPOL 8119 BOCA RIO DRIVE BOCA RATON FL 33433 MEMBER SUKSAMRAN, THANIK 558 S.W. TWIG AVENUE	Electronic Signature of Registered Agent   Person(s) Detail :   MGR Title   SUPAPOL, KRITAPOL Name   8119 BOCA RIO DRIVE Address   BOCA RATON FL 33433 City-State-Zip:   MEMBER SUKSAMRAN, THANIK   558 S.W. TWIG AVENUE Kenter Support State-State	Electronic Signature of Registered Agent   Person(s) Detail : MGR Title MEMBER   SUPAPOL, KRITAPOL Name JITKAWINROJ, KITTIPONG   8119 BOCA RIO DRIVE Address 13000 S.W. 92ND AVENUE   BOCA RATON FL 33433 City-State-Zip: MIAMI FL 33176   MEMBER SUKSAMRAN, THANIK 558 S.W. TWIG AVENUE

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: KRITAPOL SUPAPOL

MANAGER

02/17/2016 Date

Electronic Signature of Signing Authorized Person(s) Detail

CC4023619638

FILED Feb 17, 2016

Secretary of State

Certificate of Status Desired: No