

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000177660

**Entity Name:** KO ARCHITECTS LLC

**Current Principal Place of Business:**

9 ISLAND AVE  
911  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

221 COLLINS AVE.  
11  
MIAMI BEACH, FL 33139 US

**FEI Number:** 47-2367681

**Certificate of Status Desired:** No

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

RAMOS, OLIVIA  
221 COLLINS AVE  
11  
MIAMI BEACH, FL 33139 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 MGR  
Name RAMOS, KAMALA  
Address 9 ISLAND AVE APT0 911  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name RAMOS, OLIVIA  
Address 221 COLLINS AVE APT 11  
City-State-Zip: MIAMI BEACH FL 33139

*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:** KAMALA RAMOS

**MANAGER**

**03/08/2015**

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

\_\_\_\_\_  
Date