

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000049940

**Entity Name:** AKONI LLC

**Current Principal Place of Business:**

4630 S. KIRKMAN RD. #166  
#166  
ORLANDO, FL 32811

**Current Mailing Address:**

4630 S. KIRKMAN #166  
#166  
ORLANDO, FL 32811 US

**FEI Number:** 82-1189298

**Certificate of Status Desired:** Yes

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

MILLER, ARIENE D MISS  
4601 CASON COVE DRIVE  
APT. 224  
ORLANDO, FL 32811 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 MILLER, ARIENE  
Address 4601 CASON COVE DR.  
APT. 224  
City-State-Zip: ORLANDO FL 32811

*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:** ARIENE MILLER

MGR

04/14/2017

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

\_\_\_\_\_  
Date