

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000199416

**Entity Name:** D'KADS II, LLC

**Current Principal Place of Business:**

5023 24TH AVE SW  
NAPLES, FL 34116

**Current Mailing Address:**

5023 24TH AVE SW  
NAPLES, FL 34116 US

**FEI Number:** 82-2916046

**Certificate of Status Desired:** Yes

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

LAW OFFICE OF CONRAD WILLKOMM, P.A.  
3201 TAMiami TRAIL N, 2ND FLOOR  
NAPLES, FL 34103 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	Title	MGR
Name	DUMAS, THERMEN D	Name	GARRICK-DUMAS, CHILENE A
Address	5023 24TH AVE SW	Address	5023 24TH AVE SW
City-State-Zip:	NAPLES FL 34116	City-State-Zip:	NAPLES FL 34116

*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:** THERMEN DUMAS

**MANAGER**

**06/08/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date