

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000056305

**Entity Name:** NK OZF LLC

**Current Principal Place of Business:**

15 N OAK ST #844  
FELLSMERE, FL 32948

**Current Mailing Address:**

15 N OAK ST #844  
FELLSMERE, FL 32948 US

**FEI Number:** 84-4875937

**Certificate of Status Desired:** No

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

HO, KIM LIEN  
15155 107TH ST  
FELLSMERE, FL 32948 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           MANAGER  
Name           HO, KIM  
Address        15 N OAK ST #844  
City-State-Zip: FELLSMERE FL 32948

Title           MANAGER  
Name           HO, NICK  
Address        15 N OAK ST #844  
City-State-Zip: FELLSMERE FL 32948

*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:** NICK HO

MANAGER

02/21/2021

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

\_\_\_\_\_  
Date