

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000199020

**Entity Name:** BIKINI BOTTOM, LLC

**Current Principal Place of Business:**

7453 COLUMNS CIRCLE  
APT 106  
TRINITY, FL 34655

**Current Mailing Address:**

7453 COLUMNS CIRCLE  
APT 106  
TRINITY, FL 34655 US

**FEI Number:** 30-1314010

**Certificate of Status Desired:** Yes

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

AKIKI, GEOFFREY M  
7453 COLUMNS CIRCLE  
APT 106  
TRINITY, FL 34655 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 AKIKI, GEOFFREY M  
Address 7453 COLUMNS CIRCLE, APT 106  
City-State-Zip: TRINITY FL 34655

Title MGR  
Name AKIKI, MARIA  
Address 7453 COLUMNS CIRCLE, APT 106  
City-State-Zip: TRINITY FL 34655

*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:** GEOFFREY M. AKIKI

**MGR**

**03/16/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date