

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90093 039 ****55.00

DOCUMENT # L05000056796

1. Entity Name
KOI & KOI LLC



Principal Place of Business
**330 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**330 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162**

20004512



2. Principal Place of Business
770 SW 8th Street

3. Mailing Address
770 SW 8th Street

01262006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
42-1671330

Applied For
Not Applicable

Zip
33130-3311

Country
Miami-Dade

Zip
33130-3311

Country
Miami-Dade

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VEGA, GUSTAVO
330 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VEGA, GUSTAVO
330 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAYAKO NAKAMURA,
330 N.E. 164TH TERRACE
NORTH MIAMI BEACH, FL 33162** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-29-06