

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078366

**FILED**  
**Mar 01, 2017**  
**Secretary of State**  
**CC3836999427**

**Entity Name:** KIN, LLC

**Current Principal Place of Business:**

119 OLD MIMS ROAD  
GENEVA, FL 32732

**Current Mailing Address:**

119 OLD MIMS ROAD  
GENEVA, FL 32732

**FEI Number:** 20-3313677

**Certificate of Status Desired:** No

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

PATEL, MILAN C  
119 OLD MIMS ROAD  
GENEVA, FL 32732 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 MGRM  
Name PATEL, MILAN C  
Address 119 OLD MIMS ROAD  
City-State-Zip: GENEVA FL 32732

Title MGRM  
Name PATEL, KALPANA  
Address 119 OLD MIMS ROAD  
City-State-Zip: GENEVA FL 32732

Title MGR  
Name DESAI, NIRJARI  
Address 7026 NW 68 DR  
City-State-Zip: PARKLAND FL 33067

Title MGR  
Name PATEL, RATILAL D  
Address 6085 N.W. 66 WAY  
City-State-Zip: PARKLAND FL 33067

Title MGR  
Name PATEL, INDUMATI R  
Address 6085 N.W. 66 WAY  
City-State-Zip: PARKLAND FL 33067

*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:** MILAN PATEL

**MGRM**

**03/01/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date