

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000168001

**Entity Name:** FVOK LLC

**Current Principal Place of Business:**

2 UNIVERSITY DRIVE  
265  
PLANTATION, FL 33324

**Current Mailing Address:**

15970 W. STATE RD 84  
SUITE 238  
SUNRISE, FL 33326 US

**FEI Number:** 46-4310447

**Certificate of Status Desired:** No

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

RICHARD M. MOGERMAN, P.A.  
2 UNIVERSITY DRIVE  
SUITE 265  
PLANTATION, FL 33324 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 KAHN, OURI  
Address 15970 W. STATE RD 84  
SUITE 238  
City-State-Zip: SUNRISE FL 33326

*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:** OURI KAHN

**MANAGER**

**02/22/2021**

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

\_\_\_\_\_  
Date