

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000024979

**Entity Name:** KOKOPELLI, LLC

**Current Principal Place of Business:**

2670 NE PINECREST LAKES BLVD.  
JENSEN BEACH, FL 34957

**Current Mailing Address:**

2670 NE PINECREST LAKES BLVD.  
JENSEN BEACH, FL 34957 US

**FEI Number:** 20-3969859

**Certificate of Status Desired:** No

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

COYNE, SALLY  
2670 NE PINECREST LAKES BLVD.  
JENSEN BEACH, FL 34957 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	Title	MGR
Name	OHLSON, ED	Name	OHLSON, KRISTINE
Address	2670 NE PINECREST LAKES BLVD.	Address	2670 NE PINECREST LAKES BLVD.
City-State-Zip:	JENSEN BEACH FL 34957	City-State-Zip:	JENSEN BEACH FL 34957

*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:** ED OHLSON

**MGR**

**04/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date