

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000024979

**Entity Name:** KOKOPELLI, LLC

**Current Principal Place of Business:**

5616 SE LAMAY DRIVE  
STUART, FL 34997

**Current Mailing Address:**

PO BOX 2098  
STUART, FL 34995-2098 US

**FEI Number:** 20-3969859

**Certificate of Status Desired:** No

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

OHLSON, ED  
5616 SE LAMAY DRIVE  
STUART, FL 34997 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:** ED OHLSON

04/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OHLSON, ED  
Address PO BOX 2098  
City-State-Zip: STUART FL 34995-2098

*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

MGMR

04/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date