

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000134070

**Entity Name:** KIBOKO CAPITAL PARTNERS LLC

**Current Principal Place of Business:**

1611 12TH ST. EAST, UNIT A  
PALMETTO, FL 34221

**Current Mailing Address:**

P.O. BOX 344  
ELLENTON, FL 34222 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 AUTHORIZED REPRESENTATIVE  
Name VIBHAKAR, SHEFALI  
Address P.O. BOX 344  
City-State-Zip: ELLENTON FL 34222

Title MANAGER  
Name VIBHAKAR, SHEFALI  
Address P.O. BOX 344  
City-State-Zip: ELLENTON FL 34222

Title AUTHORIZED MEMBER  
Name VIBHAKAR, SHEFALI  
Address P.O. BOX 344  
City-State-Zip: ELLENTON FL 34222

*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:** SHEFALI VIBHAKAR

**OWNER**

**01/27/2016**

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

\_\_\_\_\_  
Date