

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000213738

**Entity Name:** 9787 KAIROS LLC

**Current Principal Place of Business:**

8395 NW 40TH ST  
COOPER CITY, FL 33024

**Current Mailing Address:**

8395 NW 40TH ST  
COOPER CITY, FL 33024 US

**FEI Number:** 81-4523013

**Certificate of Status Desired:** No

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

TIFFANY CAMEJO CPA PA  
2 S BISCAYNE BLVD  
SUITE 3760  
MIAMI, FL 33131 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 GONZALEZ NUNEZ, JOSE G  
Address 8395 NW 40TH ST  
City-State-Zip: COOPER CITY FL 33024

Title MGR  
Name GONZALEZ VELASQUEZ, RICARDO A  
Address 8395 NW 40TH ST  
City-State-Zip: COOPER CITY FL 33024

Title MGR  
Name VELASQUEZ MARTINEZ, ISABEL C  
Address 8395 NW 40TH ST  
City-State-Zip: COOPER CITY FL 33024

Title MGR  
Name GONZALEZ VELASQUEZ, SANTIAGO A  
Address 8395 NW 40TH ST  
City-State-Zip: COOPER CITY FL 33024

Title MGR  
Name GONZALEZ VELASQUEZ, ISABELA V  
Address 8395 NW 40TH ST  
City-State-Zip: COOPER CITY FL 33024

*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:** JOSE G GONZALEZ NUNEZ

MGR

04/12/2017

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

\_\_\_\_\_  
Date