

**2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000224263

**Entity Name:** KIKODA, LLC

**Current Principal Place of Business:**

1632 CHADWICK WAY  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1632 CHADWICK WAY  
TALLAHASSEE, FL 32312 US

**FEI Number:** 32-0513710

**Certificate of Status Desired:** Yes

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

DUFEK, MATTHEW C  
1632 CHADWICK WAY  
TALLAHASSEE, FL 32312 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 MEMBER  
Name DUFEK CONTRACTING, LLC  
Address 1632 CHADWICK WAY  
City-State-Zip: TALLAHASSEE FL 32312

Title AUTHORIZED MEMBER  
Name JARS CONTRACTING, LLC  
Address 9037 EAGLES RIDGE DR  
City-State-Zip: TALLAHASSEE FL 32312

*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:** MATTHEW C. DUFEK

**OWNER**

**07/18/2017**

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

\_\_\_\_\_  
Date