

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000006636

Entity Name: MOLEKOOLE MD LLC

Current Principal Place of Business:

17936 CACHET ISLE DR
TAMPA, FL 33647

Current Mailing Address:

17936 CACHET ISLE DR
TAMPA, FL 33647

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, VIJAY
17936 CACHET ISLE DR
TAMPA, FL 33647 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	AUTHORIZED MEMBER
Name	PATEL, VIJAY	Name	PATEL, NILESH
Address	17936 CACHET ISLE DR	Address	20020 NOB OAK AVE.
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	DAK INVESTMENT GROUP LLC	Name	PATEL, JAYESH
Address	1209 ORANGE STREET	Address	110 TATHAM ROAD
City-State-Zip:	WILINGTON DE 19801	City-State-Zip:	BENSALEM PA 19020

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	TAUNK, JAWAHAR	Name	TTBAF
Address	4050 PRESIDENTIAL DR.	Address	2410 NORTHSIDE DR.
City-State-Zip:	PAL HARBOR FL 34685	City-State-Zip:	CLEARWATER FL 33761

Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	SURESH , VEMURI	Name	PATEL, RAJESH
Address	27552 STONECREEK WAY	Address	431 FOREST EADOWS AVE
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	LAKE CITY FL 32055

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: VIJAY PATEL

MGM

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date