

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000118948

**Entity Name:** CAOKI COMPANY LLC

**Current Principal Place of Business:**

761 BLUE RIDGE WAY  
DAVIE, FL 33325

**Current Mailing Address:**

761 BLUE RIDGE WAY  
DAVIE, FL 33325 US

**FEI Number:** 82-1737567

**Certificate of Status Desired:** No

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

TAXCARE DORAL  
1400 NW 107 AVENUE  
430  
MIAMI, FL 33172 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	MGR
Name	CAVINATTI, VALDIR	Name	AOKI, MARILUCI
Address	761 BLUE RIDGE WAY	Address	761 BLUE RIDGE WAY
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DAVIE FL 33325

*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:** VALDIR CAVINATTI

MGR

03/23/2020

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

\_\_\_\_\_  
Date