

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000058670

**Entity Name:** LAS DELICIAS DE KIKOMAN LLC

**Current Principal Place of Business:**

640 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763

**Current Mailing Address:**

640 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ORTIZ, FRANCISCO  
640 WEST BLUE SPRINGS AVE  
ORANGE CITY, FL 32763 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 AP  
Name ORTIZ, FRANCISCO  
Address 640 WEST BLUE SPRINGS AVE  
City-State-Zip: ORANGE CITY FL 32763

*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:** ORTIZ,FRANCISCO

AP

04/20/2019

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

\_\_\_\_\_ Date