

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000157099

Entity Name: OFKOS LLC

Current Principal Place of Business:

16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOYKHET, ANNA
16699 COLLINS AVE #2506
SUNNY ISLES BEACH, FL 33160 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 MGRM
Name CAVIAR WELLNESS LLC
Address 16699 COLLINS AVE #2506
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: ANNA SHOYKHET

FOUNDER

01/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date