

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000133124

**Entity Name:** KILI GROUP, LLC

**Current Principal Place of Business:**

8360 W. OAKLAND PARK BOULEVARD  
SUNRISE, FL 33351

**Current Mailing Address:**

3200 SW 139TH TER  
DAVIE, FL 33330 US

**FEI Number:** 30-1200428

**Certificate of Status Desired:** No

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

DANGODARA, PARTHIV  
3200 S.W. 139TH TERRACE  
DAVIE, FL 33330 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	DANGODARA, PARTHIV	Name	KHAKHRIA, PRITI
Address	3200 S.W. 139TH TERRACE	Address	14410 JOCKEY CIRCLE N
City-State-Zip:	DAVIE FL 33330	City-State-Zip:	DAVIE FL 33330

*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:** PARTHIV DANGODARA

**MANAGER**

**01/22/2023**

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

\_\_\_\_\_  
Date