

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018602

**Entity Name:** KINETEK CONSULTING, LLC

**Current Principal Place of Business:**

304 INDIAN TRACE, #700  
WESTON, FL 33326

**Current Mailing Address:**

304 INDIAN TRACE, #700  
WESTON, FL 33326

**FEI Number: 75-3070529**

**Certificate of Status Desired: No**

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

FRUITMAN, STEVE PARTNER  
304 INDIAN TRACE, #700  
WESTON, FL 33326 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  
Name FRUITMAN, STEVE MEMBER  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

Title MGR  
Name STARZEWSKI, PHONG MEMBER  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

Title MGR  
Name ARHANCET, JOHN MEMBER  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

Title MGR  
Name DELANEY, DAVID MEMBER  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

Title MGR  
Name MINHAS, SHIMANDER MEMBER  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

Title MANAGER  
Name WHITE, DEBBIE  
Address 304 INDIAN TRACE, #700  
City-State-Zip: WESTON FL 33326

*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: STEVE FRUITMAN**

**PARTNER**

**02/06/2024**

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

\_\_\_\_\_  
Date