

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000077069

**Entity Name:** KOLEN, L.L.C.**Current Principal Place of Business:**9559 COLLINS AVENUE  
UNIT S-3A  
SURFSIDE, FL 33154**Current Mailing Address:**9559 COLLINS AVENUE  
UNIT S-3A  
SURFSIDE, FL 33154 US**FEI Number:** 80-0135474**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERAMERICAN CORPORATE SERVICES, LLC  
2525 PONCE DE LEON  
SUITE 1225  
CORAL GABLES, FL 33134 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:** ASNARDO GARRO

04/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                  |                 |                                  |
|-----------------|----------------------------------|-----------------|----------------------------------|
| Title           | PD                               | Title           | MANAGER                          |
| Name            | OSTROWIECKI, ARON                | Name            | OSTROWIECKI, MARTA               |
| Address         | 9559 COLLINS AVENUE<br>UNIT S-3A | Address         | 9559 COLLINS AVENUE<br>UNIT S-3A |
| City-State-Zip: | SURFSIDE FL 33154                | City-State-Zip: | SURFSIDE FL 33154                |
| Title           | MANAGER                          |                 |                                  |
| Name            | OSTROWIECKI, GUIDO               |                 |                                  |
| Address         | 9559 COLLINS AVENUE<br>UNIT S-3A |                 |                                  |
| City-State-Zip: | SURFSIDE FL 33154                |                 |                                  |

*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:** ARON OSTROWIECKI

PD

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date