

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000005779

**Entity Name:** KAPLAN & ASSOCIATES, LLC

**Current Principal Place of Business:**

1519 PELIACN POINT DRIVE  
UNIT BA190  
SARASOTA, FL 34231

**Current Mailing Address:**

7941 RAVENNA ROAD  
HUDSON, OH 44236 US

**FEI Number:** 26-1758181

**Certificate of Status Desired:** No

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

KAPLAN, SAMUEL A  
1519 PELICAN POINT DRIVE  
UNIT BA190  
SARASOTA, FL 34231 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 N-G SQUARED ONE, LLC  
Address 7941 RAVENNA ROAD  
City-State-Zip: HUDSON OH 44236

*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:** TAMMY BRUEMMER

**OFFICE MANAGER**

**02/02/2024**

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

\_\_\_\_\_  
Date