

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097341

Entity Name: KLACORALGABLES, LLC**Current Principal Place of Business:**4573 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146**Current Mailing Address:**4573 PONCE DE LEON BLVD.
CORAL GABLES, FL 33146 US**FEI Number:** 61-1572286**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRISTINA MORENO P.A.
2600 DOUGLAS ROAD
SUITE 304
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name ORTEGA, ROBERTO X.
Address 1750 CORAL WAY
 SUITE 301
City-State-Zip: MIAMI FL 33145

Title CONTROLLER
Name GRIMES, DANA M
Address 1750 CORAL WAY
 SUITE 301
City-State-Zip: MIAMI FL 33145

Title VP
Name MORLA, MARIA DEL CARMEN
Address 1750 CORAL WAY
 SUITE 301
City-State-Zip: MIAMI FL 33145

Title TREASURER AND SECRETARY
Name DE MORLA, MARIA DEL CARMEN
Address 1750 CORAL WAY
 SUITE 301
City-State-Zip: MIAMI FL 33145

Title MANAGER
Name ISAIAS, LUIS N
Address 1750 CORAL WAY
 SUITE 301
City-State-Zip: MIAMI FL 33145

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: ROBERTO X. ORTEGA**PRESIDENT****04/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date