| STFETERSD  | JKG, FE 33707 03                         |  |  |  |  |
|--|--|--|--|--|--|
| FEI Number:  | Certificate of Status Desi               |  |  |  |  |
| Name and Address of Current Registered Agent:  |  |  |  |  |  |
| GLATTHORN, GINA M CPA<br>415 PASADENA AVE SOUTH<br>ST PETERSBURG, FL 33707 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 Flor |  |  |  |  |  |
| SIGNATURE:   | GINA M GLATTHORN                         |  |  |  |  |
|  | Electronic Signature of Registered Agent |  |  |  |  |

### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000077767

Entity Name: KEPOROS PROPERTIES LLC

### **Current Principal Place of Business:**

**415 PASADENA AVENUE SOUTH** ST PETERSBURG, FL 33707

### **Current Mailing Address:**

415 PASADENA AVENUE SOUTH ST PETERSBURG. FL 33707 US

## FEI

#### Nan

|     | Title           | JOHN G. KEPOROS IRRV TR DTD 11-3<br>-1998 | Title           | TRUSTEE                  |
|-----|-----------------|---|-----------------|--------------------------|
| Nan | Name            | JOHN G KEPOROS TRUST, DTD                 | Name            | KEPOROS , CAROL A        |
|     |                 |   | Address         | 11625 6TH STREET E       |
|     | Address         | 11625 6TH STREET E                        | City-State-Zip: | TREASURE ISLAND FL 33706 |
|     | City-State-Zip: | TREASURE ISLAND FL 33706                  |                 |                          |
|     |                 |   |                 |                          |
|     | Title           | TRUSTEE                                   |                 |                          |
|     | Name            | GLATTHORN, GINA M CPA                     |                 |                          |
|     | Address         | 415 PASADENA AVENUE SOUTH                 |                 |                          |
|     | City-State-Zip: | ST PETERSBURG FL 33707                    |                 |                          |
|     |                 |   |                 |                          |

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: GINA M GLATTHORN

CPA

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Apr 18, 2023 Secretary of State 9632880505CC

04/18/2023 Date

sired: No