

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052120

**Entity Name:** KING & CHAVES, LLC

**Current Principal Place of Business:**

400 EXECUTIVE CENTER DRIVE  
#207  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

400 EXECUTIVE CENTER DRIVE  
#207  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 27-2586460

**Certificate of Status Desired:** No

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

KING, DAVID V  
400 EXECUTIVE CENTER DRIVE  
#207  
WEST PALM BEACH, FL 33401 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 DAVID V. KING, PA  
Address 22 CASTLE HARBOR AISLE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title MGR  
Name MISTY M.C. TAYLOR, P.A.  
Address 400 EXECUTIVE CENTER DRIVE  
#207  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name RICHARD ROBERT CHAVES, PA  
Address 400 EXECUTIVE CENTER DRIVE  
#207  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MISTY TAYLOR CHAVES

MGR

04/23/2024

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

\_\_\_\_\_  
Date