

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000005958

**FILED**  
**Jan 16, 2020**  
**Secretary of State**  
**3710311952CC**

**Entity Name:** 1624 KUHLACRE DRIVE LLC

**Current Principal Place of Business:**

360 GRAY FARM RD.  
HAVANA, FL 32333

**Current Mailing Address:**

PO BOX 6474  
TALLAHASSEE, FL 32314

**FEI Number:** 27-4670501

**Certificate of Status Desired:** No

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

INGLEY, FRED III  
360 GRAY FARM RD.  
HAVANA, FL 32333 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 INGLE, FRED III  
Address PO BOX 6474  
City-State-Zip: TALLAHASSEE FL 32314

Title MGRM  
Name INGLE, ANDEW F  
Address 1968 WEST WILSON AVE.  
City-State-Zip: CHICAGO IL 60640

Title MGRM  
Name INGLE, AARON H  
Address 3329 NIAGARA STREET  
City-State-Zip: PITTSBURGH PA 15213

*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:** FRED INGLE III

MGRM

01/16/2020

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

\_\_\_\_\_  
Date