

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000025501

Entity Name: THE KRIEGER GROUP, LLC.**Current Principal Place of Business:**8120 HUNTERS GROVE ROAD
JACKSONVILLE, FL 32256**Current Mailing Address:**8120 HUNTERS GROVE ROAD
JACKSONVILLE, FL 32256 US**FEI Number:** 45-4891566**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBERG, ARTHUR R
6499 N. POWERLINE ROAD
SUITE 304
FORT LAUDERDALE, FL 33309 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 MEMB
Name TAYLOR, JORI
Address 8136 HUNTERS GROVE ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title MEMB
Name KRIEGER, JONATHAN
Address 140 MANGROVE COURT
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGR
Name KRIEGER,, DEBORAH
Address 8120 HUNTER GROVE ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name TAYLOR, GRAHAM
Address 8136 HUNTERS GROVE ROAD
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name KRIEGER, KATHRYN
Address 1225 NE 5TH STREET
City-State-Zip: FORT LAUDERDALE FL 33301

Title AMBR
Name WHITNER, DANIEL
Address 8403 BARQUERO COURT N
City-State-Zip: JACKSONVILLE FL 32217

Title AMBR
Name WALDRUP, CRAIG
Address 400 E BAY STREET #411
City-State-Zip: JACKSONVILLE FL 32202

Title AMBR
Name DAVIDSON, JAMES
Address 8292 RIDING CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32256

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: KATHRYN KRIEGER

AMBR

04/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date