## 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.

CO-OWNER

SIGNATURE: MICHAEL DELUCIA

Electronic Signature of Signing Authorized Person(s) Detail

# SIGNATURE:

Electronic Signature of Registered Agent

# Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	DELUCIA, MICHAEL	Name	STIBLER, KEITH
Address	8501 NW 15TH STREET	Address	8571 NW 14TH STREET
City-State-Zip:	PEMBROKE PINES FL 33024	City-State-Zip:	PEMBROKE PINES FL 33024

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.

#### 8501 NW 15TH STREET PEMBROKE PINES. FL 33024

DOCUMENT# L11000036748

8501 NW 15TH STREET PEMBROKE PINES. FL 33024

Entity Name: KM-ASSOCIATES1, LLC

**Current Principal Place of Business:** 

### FEI Number: 90-0675556

**Current Mailing Address:** 

# Name and Address of Current Registered Agent:

DELUCIA, MICHAEL 8501 NW 15TH STREET PEMBROKE PINES, FL 33024 US

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT
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#### FILED Feb 04, 2024 Secretary of State 4543666385CC

Certificate of Status Desired: No

02/04/2024

Date

Date