Certificate of Status Desired: No
stered agent, or both, in the State of Florida.
stered agent, or both, in the State of Florida. 04/28/2021
04/28/2021
04/28/2021
04/28/2021 Date
04/28/2021 Date

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: RAPHAEL PERRIER

MGR

04/28/2021

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000032288

Entity Name: KAHWA ST PETE 4 LLC

## Current Principal Place of Business:

FILED Apr 28, 2021 Secretary of State 7566325594CC

Electronic Signature of Signing Authorized Person(s) Detail

Date