

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000151711

Entity Name: KYOCERA DOCUMENT SOLUTIONS SOUTHEAST, LLC**Current Principal Place of Business:**3401 WD JUDGE DRIVE, SUITE 140
ORLANDO, FL 32808**Current Mailing Address:**3401 WD JUDGE DRIVE, SUITE 140
ORLANDO, FL 32808 US**FEI Number:** 47-5113862**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AMBR
Name KYOCERA DOCUMENT SOLUTIONS
AMERICA, INC.
Address 225 SAND RD
City-State-Zip: FAIRFIELD NJ 07004

Title MANAGER
Name FORRISTAL, LEONIE
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title CEO
Name SANCHEZ, OSCAR
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title SECRETARY
Name VAN NESS, WYLIE
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title MANAGER
Name SANCHEZ, OSCAR
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title MANAGER
Name MAHONEY, GERRY
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title TREASURER
Name FORRISTAL, LEONIE
Address 225 SAND ROAD
City-State-Zip: FAIRFIELD NJ 07004

Title PRESIDENT
Name POPICK, JEFFREY
Address 3401 WD JUDGE DRIVE, SUITE 140
City-State-Zip: ORLANDO FL 32808

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: JONATHAN BERRY**CONTROLLER****04/09/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date