

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000112735

**Entity Name:** KINDLE ROCK LOOP, LLC

**Current Principal Place of Business:**

1315 S HOWARD AVENUE  
STE 202  
TAMPA, FL 33606

**Current Mailing Address:**

1315 S HOWARD AVENUE  
STE 202  
TAMPA, FL 33606 US

**FEI Number:** 81-3208466

**Certificate of Status Desired:** No

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

GONZALEZ, ALAN F  
601 BAYSHORE BOULEVARD  
720  
TAMPA, FL 33606 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 MGR  
Name DIKMAN, ROBERT J TRUSTEE  
Address 1315 S. HOWARD AVENUE  
SUITE 202  
City-State-Zip: TAMPA FL 33606

Title MGR  
Name HARDIN, JANE L TRUSTEE  
Address 1315 S. HOWARD AVENUE  
SUITE 202  
City-State-Zip: TAMPA FL 33606

Title AMBR  
Name ROBERT J. DIKMAN TRUST DTD  
1/14/98  
Address 1315 S. HOWARD AVENUE  
SUITE 202  
City-State-Zip: TAMPA FL 33606

Title AMBR  
Name JANE LESLIE HARDIN TRUST DTD  
1/14/98  
Address 1315 S HOWARD AVENUE  
SUITE 202  
City-State-Zip: TAMPA FL 33606

*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:** ROBERT DIKMAN

**MANAGER**

**04/24/2023**

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

\_\_\_\_\_  
Date