

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000022810

**Entity Name:** KARA CONTROLS LLC

**Current Principal Place of Business:**

10204 46TH AVE W  
BRADENTON, FL 34210

**Current Mailing Address:**

10204 46TH AVE W  
BRADENTON, FL 34210 US

**FEI Number: 81-5171073**

**Certificate of Status Desired: No**

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

SAYLOR, TODD  
10204 46TH AVE W  
BRADENTON, FL 34210 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           MANAGING OFFICER / MANAGER  
Name            SAYLOR, TODD C  
Address         10204 46TH AVE W  
City-State-Zip: BRADENTON FL 34210

Title            MANAGING OFFICER / MANAGER  
Name            SAYLOR, TRACI  
Address         10204 46TH AVE W  
City-State-Zip: BRADENTON FL 34210

Title            MANAGING OFFICER  
Name            SAYLOR, COURTNEE  
Address         10204 46TH AVE W  
City-State-Zip: BRADENTON FL 34210

Title            MANAGING OFFICER  
Name            SAYLOR, KENDRA  
Address         10204 46TH AVE W  
City-State-Zip: BRADENTON FL 34210

Title            MANAGING OFFICER  
Name            SAYLOR, KARA  
Address         10204 46TH AVE W  
City-State-Zip: BRADENTON FL 34210

*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: TODD C SAYLOR**

**MANAGER, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT**

**04/24/2024**

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

\_\_\_\_\_  
Date