

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000097355

**Entity Name:** MATILDA J KANE LLC

**Current Principal Place of Business:**

1807 WOODBERRY CIRCLE  
MELBOURNE, FL 32935

**Current Mailing Address:**

1807 WOODBERRY CIRCLE  
MELBOURNE, FL 32935 US

**FEI Number:** 82-1382600

**Certificate of Status Desired:** No

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

TAYLOR, SUSAN L  
217 WESTWOOD DR  
TALLAHASSEE, FL 32304 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           | MGRM                  | Title           | MGR                  |
| Name            | KANE, MATILDA J       | Name            | THORNTON, DEBRA M    |
| Address         | 1807 WOODBERRY CIRCLE | Address         | 3011 SWEET OAK DRIVE |
| City-State-Zip: | MELBOURNE FL 32935    | City-State-Zip: | MELBOURNE FL 32935   |

*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:** MATILDA KANE

**MGRM**

**04/27/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date