The above named e	entity submits this statement for the purpose of changing its regis	tered office or regist	tered agent, or both, in the State of
SIGNATURE:	ZBIGNIEW KALAMAT		
	Electronic Signature of Registered Agent		
Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	KALAMAT, ZBIGNIEW	Name	KALAMAT, REGINA
Address	5277 GROBE ST	Address	5277 GROBE ST
City-State-Zip:	NORTH PORT FL 34287	City-State-Zip:	NORTH PORT FL 34287
		Tide	
Title	AMBR	Title	AMBR
Name	KALAMAT, ARTHUR	Name	KALAMAT, ROBERT

Address

City-State-Zip:

5277 GROBE ST

NORTH PORT FL 34287

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

KALAMAT, ZBIGNIEW 5277 GROBE ST NORTH PORT, FL 34287 US

Address

of Florida.

# **Current Mailing Address:**

5277 GROBE ST

City-State-Zip: NORTH PORT FL 34287

### DOCUMENT# L18000130201

Entity Name: 4060 KINCORD LANE LLC

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

4060 KINCORD LANE NORTH PORT, FL 34287

5277 GROBE ST NORTH PORT, FL 34287

## FEI Number: 30-1097948

The abov

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: ZBIGNIEW KALAMAT

04/18/2022 Date

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Apr 18, 2022 Secretary of State 6162974951CC

04/18/2022 Date

Certificate of Status Desired: No