

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000296463

**Entity Name:** KSKG CONSULTING, LLC

**Current Principal Place of Business:**

5071 S. KALIGA DR.  
ST. CLOUD, FL 34771

**Current Mailing Address:**

5071 S. KALIGA DR.  
ST. CLOUD, FL 34771 UN

**FEI Number:** 84-4433291

**Certificate of Status Desired:** No

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

SHOCK, KIMBERLY  
5071 S. KALIGA DR.  
ST. CLOUD, FL 34771 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	Title	MGR
Name	SHOCK, KIMBERLY M	Name	GOBELI, KATHRYN M
Address	5071 S. KALIGA DR.	Address	1139 LEMON CT.
City-State-Zip:	ST. CLOUD FL 34771	City-State-Zip:	ST. CLOUD FL 34769

*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:** KIMBERLY M SHOCK

MGR

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date