

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000082684

**Entity Name:** KICKS GURU LLC

**Current Principal Place of Business:**

192 NW CENTRAL PARK PLAZA  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

192 NW CENTRAL PARK PLAZA  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 85-0541201

**Certificate of Status Desired:** No

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

DEMARIA, WILLIAM  
192 NW CENTRAL PARK PLAZA  
PORT ST LUCIE, FL 34986 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 AMBR  
Name DEMARIA, WILLIAM  
Address 192 NW CENTRAL PARK PLAZA  
City-State-Zip: PORT ST LUCIE FL 34986

Title AMBR  
Name DEMARIA, NICHOLAS  
Address 192 NW CENTRAL PARK PLAZA  
City-State-Zip: PORT ST LUCIE FL 34986

Title AMBR  
Name DEMARIA, CHAZZ  
Address 192 NW CENTRAL PARK PLAZA  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** WILLIAM DEMARIA

AMBR

02/05/2024

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

\_\_\_\_\_  
Date