

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000141730

Entity Name: SHELENE KLOTE, LLC

Current Principal Place of Business:

366 WATERSIDE DRIVE #101
ALTAMONTE SPG, FL 32701

Current Mailing Address:

P.O. BOX 916563
LONGWOOD, FL 32791 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLOTE, SHELENE
366 WATERSIDE DRIVE #101
ALTAMONTE SPG, FL 32701 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 KLOTE, SHELENE
Address P.O. BOX 916563 1
City-State-Zip: LONGWOOD FL 32791

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: SHELENE KLOTE

AMBR

02/22/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date