

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000199895

**Entity Name:** KATSKYLER KLOSET LLC

**Current Principal Place of Business:**

11112NORMANDY CIRCLE  
APT 2  
TEMPLE TERRACE, FL 33617

**Current Mailing Address:**

11112 NORMANDY CIRCLE  
APT 2  
TEMPLE TERRACE, FL 33617 US

**FEI Number:** 85-1907624

**Certificate of Status Desired:** No

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

BASHFORD, CATHERINE L  
11112 NORMANDY CIRCLE  
APT 2  
TEMPLE TERRACE, FL 33617 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            AUTHORIZED MEMBER  
Name            BASHFORD, CATHERINE L  
Address        11112 NORMANDY CIRCLE  
                  APT 2  
City-State-Zip: TEMPLE TERRACE FL 33617

*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:** CATHERINE BASHFORD

05/05/2021

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

\_\_\_\_\_  
Date