

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000229798

**Entity Name:** KLIMAX BAND LLC

**Current Principal Place of Business:**

4978 CASON COVE DR  
103  
ORLANDO, FL 32811

**Current Mailing Address:**

4978 CASON COVE DR  
103  
ORLANDO, FL 32811

**FEI Number:** 87-2271297

**Certificate of Status Desired:** No

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

FELUCIEN, MHICHEL  
4978 CASON COVE DR  
103  
ORLANDO, FL 32811 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	CEO	Title	CEO
Name	FELUCIEN, MHICHEL	Name	CEZIL , WILLCLAUDE
Address	4978 CASON COVE DR 103	Address	1017 TIBURON DRIVE
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	SEFFNER FL 33584

*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:** MHICHEL-ANTHONY FELUCIEN

**CEO**

**04/26/2023**

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

\_\_\_\_\_  
Date