

2021 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: NOT APPLICABLE

Certificate of Status Desired: Yes

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	MANAGER	Title	MANAGER
Name	FELUCIEN, MHICHEL	Name	MATHIEU, TAMARAH
Address	4978 CASON COVE DR 103	Address	3024 NORTH POWERS DR 155
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32818
Title	MANAGER	Title	MANAGER
Name	PATRICE, FRANTZ MERLEY	Name	CEZIL , WILLCLAUDE
Address	2830 MIRELLA COURT 4308	Address	1017 TIBURON DRIVE
City-State-Zip:	WINDERMERE FL 34786	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 FELUCIEN

MANAGER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date