

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000229798

**Entity Name:** KLIMAX BAND LLC

**Current Principal Place of Business:**

4473 EMERSON PARK DRIVE  
103  
ORLANDO, FL 32839

**Current Mailing Address:**

4473 EMERSON PARK DRIVE  
103  
ORLANDO, FL 32839 US

**FEI Number:** 87-2271297

**Certificate of Status Desired:** No

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

FELUCIEN, MHICHEL  
4473 EMERSON PARK DRIVE  
103  
ORLANDO, FL 32839 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  
Name            FELUCIEN, MHICHEL  
Address        4473 EMERSON PARK DRIVE  
                  103  
City-State-Zip: ORLANDO FL 32839

Title            COO  
Name            AVILSAINT, MAVIDA  
Address        4473 EMERSON PARK DRIVE  
                  103  
City-State-Zip: ORLANDO FL 32839

Title            CFO  
Name            ALPARAITRE, BRIAND  
Address        5166 MILLENIA BLVD  
                  203  
City-State-Zip: ORLANDO FL 32839

Title            CAO  
Name            RELY, EDLER  
Address        3128 PELL MELL DR  
City-State-Zip: ORLANDO FL 32818

*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

**CEO**

**04/30/2024**

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

\_\_\_\_\_  
Date