

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000251785

**Entity Name:** KJ2 PARTNERS, LLC

**Current Principal Place of Business:**

209 SEVENTH STREET  
SUITE B  
PORT ST JOE, FL 32456

**Current Mailing Address:**

PO BOX 1026  
PORT ST JOE, FL 32457

**FEI Number:** 86-2620015

**Certificate of Status Desired:** No

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

LOVE, KELDRIN  
209 SEVENTH STREET  
SUITE B  
PORT ST JOE, FL 32456 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 MGR  
Name COASTAL BAY INVESTORS, INC  
Address PO BOX 1031  
City-State-Zip: PORT ST JOE FL 32457

Title MGR  
Name DOYB MEDICAL SOLUTIONS, INC  
Address PO BOX 1026  
City-State-Zip: PORT ST JOE FL 32457

*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:** JORDAN GUNNELL

**OWNER/MANAGER**

**03/15/2021**

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

\_\_\_\_\_  
Date