

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000261493

**Entity Name:** KALI 303 LLC

**Current Principal Place of Business:**

5381 SW 186TH AVENUE  
SOUTHWEST RANCHES, FL 33332

**Current Mailing Address:**

5381 SW 186TH AVENUE  
SOUTHWEST RANCHES, FL 33332

**FEI Number:** 85-2877213

**Certificate of Status Desired:** No

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

CAMEJO, LILIANA  
5381 SW 186TH AVENUE  
SOUTHWEST RANCHES, FL 33332 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 AMBR  
Name CAMEJO, LILIANA  
Address 5381 SW 186TH AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title AMBR, PRINCIPAL  
Name ESCRIVA, JORDI  
Address 5381 SW 186TH AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title AMBR, PRINCIPAL  
Name ESCRIVA, DANIEL  
Address 5381 SW 186TH AVENUE  
City-State-Zip: SOUTHWEST RANCHES FL 33332

*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:** LILIANA CAMEJO-ESCRIVA

**MANAGER**

**02/05/2023**

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

\_\_\_\_\_  
Date