

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000262963

**Entity Name:** KARLAS ENT SERVICES LLC

**Current Principal Place of Business:**

1339 WHITEWOOD DR  
DELTONA, FL 32725

**Current Mailing Address:**

1339 WHITEWOOD DR  
DELTONA, FL 32725 US

**FEI Number:** 85-2955631

**Certificate of Status Desired:** No

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

MUNOZ, NICOLE A  
1339 WHITEWOOD DR  
DELTONA, FL 32725 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:** NICOLE ARIEL MUNOZ

01/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            MUNOZ, NICOLE  
Address        1339 WHITEWOOD DRIVE  
City-State-Zip: DELTONA FL 32725

*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:** NICOLE ARIEL MUNOZ

01/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date