## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000345419

Entity Name: KMS FLORIDA, LLC

**Current Principal Place of Business:** 

19697 SUMMER PLACE DR. STRONGSVILLE. OH 44149

**Current Mailing Address:** 

19697 SUMMER PLACE DR. STRONGSVILLE, OH 44149 US

FEI Number: 85-3771798 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSAL REGISTERED AGENTS, INC. 1317 CALIFORNIA STREET TALLAHASSEE, FL 32304 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: JEFFREY R. GRAVES. ASSISTANT VP 02/04/2025

Electronic Signature of Registered Agent

Date

FILED Feb 04, 2025

**Secretary of State** 

6765144094CC

Authorized Person(s) Detail:

Title AMBR

Name KATHLEEN ODE TRUST DATED

2/11/2016

Address 19697 SUMMER PLACE DRIVE City-State-Zip: STRONGSVILLE OH 44149

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: KATHLEEN ODE TRUST DATED 2/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

**MEMBER** 

02/04/2025

Date