

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000366263

**Entity Name:** KALI STYLEZ LLC

**Current Principal Place of Business:**

1823 SW 2ND CT  
MIAMI, FL 33129

**Current Mailing Address:**

1823 SW 2ND CT  
MIAMI, FL 33129 UN

**FEI Number:** 85-4177109

**Certificate of Status Desired:** No

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

ARMSTRONG, LINA  
1823 SW 2ND CT  
MIAMI, FL 33129 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 ARMSTRONG, LINA  
Address 1823 SW 2ND CT  
City-State-Zip: MIAMI FL 33129

Title AMBR  
Name ANTEQUERA, KATHERINE  
Address 224 THREE ISLANDS BLVD. APT 307  
City-State-Zip: HALLENDALE FL 33009

*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:** LINA ARMSTRONG

AMBR

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date