

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000394356

Entity Name: KEYFIT LLC

Current Principal Place of Business:

5019 NORTH 29TH ST
TAMPA, AL 33610

Current Mailing Address:

PO BOX 47176
TAMPA, FL 33646

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCHMAN, DAKIA
5019 NORTH 29TH ST
TAMPA, FL 33610 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 DAKIA, MARCHMAN
Address 5019 NORTH 29TH ST
City-State-Zip: TAMPA FL 33610

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: DAKIA MARCHMAN

KEYFIT

05/01/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date