

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000204526

**Entity Name:** KATHRYN RAMOS PHOTOGRAPHY LLC

**Current Principal Place of Business:**

417 DANIEL DRIVE  
WEST MELBOURNE, FL 32904

**Current Mailing Address:**

417 DANIEL DRIVE  
WEST MELBOURNE, FL 32904

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RAMOS, KATHRYN  
417 DANIEL DRIVE  
WEST MELBOURNE, FL 32904 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 RAMOS, KATHRYN L  
Address 417 DANIEL DRIVE  
City-State-Zip: WEST MELBOURNE FL 32904

*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:** KATHRYN RAMOS

MANAGER

02/11/2022

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

\_\_\_\_\_ Date