## **2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000215493

**Entity Name: KEY MASTERS LLC** 

**Current Principal Place of Business:** 

4481 TUMBLEWEED TRAIL PORT ORANGE, FL 32127

## **Current Mailing Address:**

4481 TUMBLEWEED TRAIL PORT ORANGE, FL 32127 US

FEI Number: 35-2715920 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALCA, SHIMON 4481 TUMBLEWEED TRAIL PORT ORANGE, FL 32127 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: SHIMON MALCA 07/03/2025

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title AMBR

Name MALCA, SHIMON

Address 1500 BELVILLE RD. UNIT 338 City-State-Zip: DAYTONA BEACH FL 32114

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: SHIMON MALCA MR 07/03/2025

FILED Jul 03, 2025

**Secretary of State** 

7554074535CR

Date