

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000160049

**Entity Name:** KIN CRAFTSMEN LLC

**Current Principal Place of Business:**

16012 COUNTY ROAD 49  
WELLBORN, FL 32094

**Current Mailing Address:**

16012 COUNTY ROAD 49  
WELLBORN, FL 32094 US

**FEI Number:** 88-1916683

**Certificate of Status Desired:** No

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

NORMAN, BRANDY  
16012 COUNTY ROAD 49  
WELLBORN, FL 32094 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 MOORMAN, CRAIG  
Address 16012 COUNTY ROAD 49  
City-State-Zip: WELLBORN FL 32094

Title AMBR  
Name NORMAN, CHRISTOPHER M  
Address 16012 COUNTY ROAD 49  
City-State-Zip: WELLBORN FL 32094

Title AMBR  
Name MOORMAN, ELAINE  
Address 16012 COUNTY ROAD 49  
City-State-Zip: WELLBORN FL 32094

Title AMBR  
Name NORMAN, BRANDY  
Address 16012 COUNTY ROAD 49  
City-State-Zip: WELLBORN FL 32094

*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:** BRANDY NORMAN

**MEMBER**

**04/10/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date