

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000341011

**Entity Name:** MITE KW, LLC

**Current Principal Place of Business:**

1124 WILLIAM ST.  
KEY WEST, FL 33040

**Current Mailing Address:**

1124 WILLIAM ST.  
KEY WEST, FL 33040

**FEI Number: 88-3577283**

**Certificate of Status Desired: No**

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

GRAVLEY, TERRI  
1124 WILLIAM ST.  
KEY WEST, FL 33040 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	Title	MGR
Name	GRAVLEY, TERRI	Name	ASHLOCK, DALE
Address	1124 WILLIAM ST.	Address	1124 WILLIAM ST.
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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: TERRI GRAVLEY**

**MEMBER**

**03/09/2023**

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

\_\_\_\_\_  
Date