

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000391197

Entity Name: NEOKALID LLC

Current Principal Place of Business:

11352 WEST STATE ROAD 84 SUITE 198
DAVIE, FL 33325

Current Mailing Address:

11352 WEST STATE ROAD 84 SUITE 198
DAVIE, FL 33325 US

FEI Number: 88-4047876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMBRANO, BLANCA
11352 WEST STATE ROAD 84 SUITE 198
DAVIE, FL 33325 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 CAMPOVERDE CELI, LILIA MARILU
Address 11352 WEST STATE ROAD 84 SUITE
198
City-State-Zip: DAVIE FL 33325

Title AMBR
Name NEOKALID SA
Address ESTANCIAS DEL RIO 10
City-State-Zip: SAMBORONDON GUAYAQUIL 09203

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: CAMPOVERDE CELI , LILIA MARILU

AMBR

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date