

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000391197

**Entity Name:** NEOKALID LLC

**Current Principal Place of Business:**

11352 WEST STATE ROAD 84 PMB 198  
DAVIE, FL 33325

**Current Mailing Address:**

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

**FEI Number: 88-4047876**

**Certificate of Status Desired: No**

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

ZAMBRANO, BLANCA  
1266 SW 115 WAY  
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 1266 SW 115 WAY  
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**

**04/21/2023**

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

\_\_\_\_\_  
Date