

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000135379

**Entity Name:** CSALT LLC

**Current Principal Place of Business:**

801 S OLIVE AVE  
SUITE # 810  
WEST PALM BCH, FL 33401

**Current Mailing Address:**

801 S OLIVE AVE  
SUITE # 810  
WEST PALM BCH, FL 33401 US

**FEI Number:** 92-3842950

**Certificate of Status Desired:** No

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

KRYCHOWECKY, MICHAEL  
801 S OLIVE AVE  
SUITE # 810  
WEST PALM BCH, FL 33401 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  
Name KRYCHOWECKY, MICHAEL A  
Address 801 S OLIVE AVE  
SUITE # 810  
City-State-Zip: WEST PALM BCH FL 33401

Title MGR  
Name BRITT, PAUL  
Address 229 WINDCHIME WAY  
City-State-Zip: LELAND NC 28451

*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:** MICHAEL KRYCHOWECKY

MGR

02/20/2024

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

\_\_\_\_\_  
Date