

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000140926

**Entity Name:** AKA INVESTORS, LLC

**Current Principal Place of Business:**

2949 SHAMROCK ST N  
#15  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2949 SHAMROCK ST N  
#15  
TALLAHASSEE, FL 32309 US

**FEI Number:** 92-3621450

**Certificate of Status Desired:** No

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

HOLZBACH, ALEX  
2949 SHAMROCK ST N  
#15  
TALLAHASSEE, FL 32309 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 D  
Name HOLZBACH, ALEX  
Address 2949 SHAMROCK ST N #15  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name KALEL, ANDREW  
Address 2949 SHAMROCK ST N #15  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name LARSON, KRISTEN  
Address 2949 SHAMROCK ST N #15  
City-State-Zip: TALLAHASSEE FL 32309

*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:** ALEX HOLZBACH

**DIRECTOR**

**02/05/2024**

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

\_\_\_\_\_  
Date