

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000141374

**Entity Name:** KOANI PICKLEBALL LLC

**Current Principal Place of Business:**

3450 SW 13 STREET  
GAINESVILLE, FL 32608

**Current Mailing Address:**

3450 SW 13 STREET  
GAINESVILLE, FL 32608 US

**FEI Number:** 92-3201262

**Certificate of Status Desired:** No

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

WALLER, AUSTIN  
3450 SW 13 STREET  
GAINESVILLE, FL 32608 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	Title	AMBR
Name	WALLER, AUSTIN	Name	HARBAUGH, KALEN
Address	3450 SW 13 STREET	Address	37421 LEONTINE WILLIAMS ROAD
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	LEESBURG FL 34788

*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:** AUSTIN WALLER

**CO-OWNER**

**03/05/2024**

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

\_\_\_\_\_  
Date