

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000182358

**Entity Name:** KUGEL MANAGEMENT, LLC

**Current Principal Place of Business:**

5429 E BROOK DR  
CRESTVIEW, FL 32539

**Current Mailing Address:**

PO BOX 105603  
#69886  
ATLANTA, GA 30348 US

**FEI Number:** 92-3534857

**Certificate of Status Desired:** No

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

ERESIDENTAGENT, INC  
115 N CALHOUN STREET  
SUITE 4  
TALLAHASSEE, FL 32301 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 KUGEL, RILEY  
Address PO BOX 105603 #69886  
City-State-Zip: ATLANTA GA 30348

*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:** RILEY KUGEL

**MANAGER**

**03/19/2024**

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

\_\_\_\_\_  
Date