

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001789

Entity Name: KITSON & PARTNERS (REALTY), LLC**Current Principal Place of Business:**4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 02-0804324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLIHEN, TERRENCE R
4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418 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:** TERRENCE R. HOLIHEN

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	KITSON-EVERGREEN, LLC
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	CEO
Name	KITSON, SYDNEY W
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	PRESIDENT, COO
Name	HOBAN, THOMAS M
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	MORALES, JULIO E
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	BUEHLER, MATTHEW
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP-BROKER/SECRETARY
Name	KELLER, LAURA V
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: TERRENCE HOLIHEN**REGISTERED AGENT**

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date