

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000000281

**Entity Name:** KB OREO, LLC**Current Principal Place of Business:**127 PUBLIC SQUARE  
MC: OH-01-27-0504  
CLEVELAND, OH 44114-1306**Current Mailing Address:**127 PUBLIC SQUARE  
MC: OH-01-27-0504  
CLEVELAND, OH 44114-1306 US**FEI Number:** 34-1234878**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MANAGER  
Name KLEINHAUT, MARK R.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

Title MANAGER  
Name HART, MICHAEL A.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

Title MANAGER  
Name JONES, STEPHEN J.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

Title MANAGER  
Name SCHOSSER, DOUGLAS M.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

Title MANAGER  
Name CLAYTON, DALE A.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

Title MANAGER  
Name RANDLE, SCOTT D.  
Address 127 PUBLIC SQUARE  
MC: OH-01-27-0504  
City-State-Zip: CLEVELAND OH 44114-1306

*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 A. HART

MANAGER

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date