

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000006451

**FILED**  
**Apr 20, 2024**  
**Secretary of State**  
**6857659371CC**

**Entity Name:** KRONGOLD & KRONGOLD, P.L.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
SUITE 514  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
SUITE 514  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-1013722

**Certificate of Status Desired:** No

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

KRONGOLD, RANDI  
201 ALHAMBRA CIRCLE  
SUITE 514  
CORAL GABLES, FL 33134 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:** RANDI KRONGOLD

04/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KRONGOLD, GLENDA  
Address 201 ALHAMBRA CIRCLE  
SUITE 514  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name KRONGOLD, RANDI ESQ.  
Address 201 ALHAMBRA CIRCLE  
SUITE 514  
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER  
Name DAVIS, ELDA M  
Address 201 ALHAMBRA CIRCLE  
SUITE 514  
City-State-Zip: CORAL GABLES FL 33134

*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:** KRONGOLD, GLENDA

MGR

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date