

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065395

**Entity Name:** KIRK MALICKI, LLC

**Current Principal Place of Business:**

5130 17TH AVE. N.  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

5130 17TH AVE. N.  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 20-3065617

**Certificate of Status Desired:** Yes

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

MALICKI, KIRK  
5130 17TH AVE. N.  
ST. PETERSBURG, FL 33710 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	MGRM	Title	AUTHORIZED MEMBER
Name	MALICKI, KIRK	Name	MALICKI, LISA KATHLEEN
Address	5130 17TH AVE. N.	Address	5130 17TH AVE. N.
City-State-Zip:	ST. PETERSBURG FL 33710	City-State-Zip:	ST. PETERSBURG FL 33710

*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:** KIRK MALICKI

**MANAGER**

**01/26/2022**

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

\_\_\_\_\_  
Date