

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043444

**Entity Name:** KBAUER LAW PLLC

**Current Principal Place of Business:**

2215 MALLORY CIRCLE  
HAINES CITY, FL 33844

**Current Mailing Address:**

P.O. BOX 755  
HAINES CITY, FL 33845 US

**FEI Number:** 27-2461949

**Certificate of Status Desired:** No

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

BAUER, KARINE  
2215 MALLORY CIRCLE  
HAINES CITY, FL 33844 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  
Name BAUER, KARINE  
Address PO BOX 755  
City-State-Zip: HAINES CITY FL 33845

*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:** KARINE BAUER

**MANAGER**

**01/30/2025**

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

\_\_\_\_\_  
Date