

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000068238

**Entity Name:** KOENIG MARTIAL ARTS, LLC

**Current Principal Place of Business:**

14109 STONEGATE DR  
TAMPA, FL 33624

**Current Mailing Address:**

14109 STONEGATE DR  
TAMPA, FL 33624 US

**FEI Number:** 46-5537091

**Certificate of Status Desired:** No

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

KOENIG, DARIN B  
14109 STONEGATE DR  
TAMPA, FL 33624 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:** DARIN KOENIG

03/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                    |                 |                    |
|-----------------|--------------------|-----------------|--------------------|
| Title           | AMBR               | Title           | AMBR               |
| Name            | KOENIG, DARIN B    | Name            | KOENIG, ELIZABETH  |
| Address         | 14109 STONEGATE DR | Address         | 14109 STONEGATE DR |
| City-State-Zip: | TAMPA FL 33624     | City-State-Zip: | TAMPA FL 33624     |

*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:** DARIN KOENIG

AMBR

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date