

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000062684

**Entity Name:** KITEXPERIENCE LLC

**Current Principal Place of Business:**

15805 BISCAYNE BLVD  
SUITE 205  
AVENTURA, FL 33160

**Current Mailing Address:**

15805 BISCAYNE BLVD  
SUITE 205  
AVENTURA, FL 33160 US

**FEI Number:** 35-2532867

**Certificate of Status Desired:** No

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

FL REGISTERED AGENTS SERVICES LLC  
15805 BISCAYNE BLVD  
SUITE 205  
AVENTURA, FL 33160 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 AMBR  
Name LIZON, RUBEN  
Address 15805 BISCAYNE BLVD  
SUITE 205  
City-State-Zip: AVENTURA FL 33160

*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:** LIZON , RUBEN

AMBR

03/21/2025

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

\_\_\_\_\_  
Date