

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170107

**Entity Name:** KAYAK SUN SHADE L.L.C.

**Current Principal Place of Business:**

179 W STRICKLAND RD.  
INTERLACHEN, FL 32148

**Current Mailing Address:**

PO BOX 376  
INTERLACHEN, FL 32148 UN

**FEI Number:** 82-2462009

**Certificate of Status Desired:** No

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

CHADWICK, KAREN  
179 W STRICKLAND RD  
INTERLACHEN, FL 32148 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           MANAGER  
Name           CHADWICK, KAREN  
Address       PO BOX 376  
City-State-Zip: INTERLACHEN FL 32148

*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:** KAREN CHADWICK

MANAGER

03/25/2020

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

\_\_\_\_\_  
Date