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: NICOLE KILLIAN

Electronic Signature of Signing Authorized Person(s) Detail

**Current Mailing Address:** 2120 S. MCCALL RD. ENGLEWOOD, FL 34224 US

**Current Principal Place of Business:** 

## FEI Number: 83-2843619

DOCUMENT# L18000288640

2120 S. MCCALL RD. ENGLEWOOD. FL 34224

### Name and Address of Current Registered Agent:

KILLIAN, NICOLE 2120 S. MCCALL RD. ENGLEWOOD, FL 34224 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

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: KILLIAN INNOVATIVE ENTERPRISES LLC

# Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KILLIAN, RAYMOND D	Name	KILLIAN, NICOLE A
Address	2120 S. MCCALL RD.	Address	2120 S. MCCALL RD.
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224

Certificate of Status Desired: No

Date

OWNER

Date

04/24/2021