

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000041705

**Entity Name:** KSA EQUIPMENT.LLC

**Current Principal Place of Business:**

3365 OVERLAND RD  
APOPKA, FL 32703--947

**Current Mailing Address:**

3365 OVERLAND RD  
APOPKA, FL 32703--947 UN

**FEI Number:** 83-3641203

**Certificate of Status Desired:** No

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

ALGEE, SEABORN F SR  
6300 NIGHTWIND CIR  
ORLANDO, FL 32818 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	MGR	Title	MGR
Name	ALGEE, SEABORN F SR	Name	ALGEE, KIMBERLEY L
Address	6300 NIGHTWIND CIR	Address	6300 NIGHTWIND CIR
City-State-Zip:	ORLANDO 32818--883	City-State-Zip:	ORLANDO FL 32818--883

*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:** ALGEE, SEABORN F, SR

**MANAGER**

**01/15/2024**

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

\_\_\_\_\_  
Date