2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000263498

Entity Name: KERNEY & ASSOCIATES, LLC

Current Principal Place of Business:

1300 NW 65TH PL.

FORT LAUDERDALE. FL 33309

Current Mailing Address:

1300 NW 65TH PL.

FORT LAUDERDALE. FL 33309 US

FEI Number: 65-0433429 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

Date

FILED Mar 27, 2025

Secretary of State

6769272957CC

Authorized Person(s) Detail :

Title **AMBR** Title CHAIRMAN

MSHC, INC. STEINKE, CRAIG A. Name Name

650 S. TRYON STREET Address 650 S. TRYON STREET Address

SUITE 1000 SUITE 1000

City-State-Zip: CHARLOTTE NC 28202 City-State-Zip: CHARLOTTE NC 28202

Title Title **PRESIDENT**

Name KERNEY, PATRICK Name MARJAMA, DANIEL 1300 NW 65TH PL. 1300 NW 65TH PL. Address Address

FORT LAUDERDALE FL 33309 City-State-Zip: FORT LAUDERDALE FL 33309 City-State-Zip:

Title CFO Title CEO

Name SONNY, PREMANAND RICHARDSON, JASON Name

Address 1300 NW 65TH PL. 650 S. TRYON STREET Address **SUITE 1000**

City-State-Zip: FORT LAUDERDALE FL 33309 CHARLOTTE NC 28202 City-State-Zip:

SECRETARY, TREASURER Title

WULINSKY, SCOTT Name

650 S. TRYON STREET Address

SUITE 1000

City-State-Zip: CHARLOTTE NC 28202

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.

03/27/2025 SIGNATURE: SCOTT WULINSKY SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail