

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000286541

**Entity Name:** KRISTINE WAKE LLC

**Current Principal Place of Business:**

515 HAND AVE  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

515 HAND AVE  
ORMOND BEACH, FL 32174

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

WAKE, KRISTINE K  
515 HAND AVE  
ORMOND BEACH, FL 32174 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  
Name WAKE, KRISTINE K  
Address 515 HAND AVE  
City-State-Zip: ORMOND BEACH FL 32174

*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:** KRISTINE WAKE

MDR

04/14/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date