

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000037334

**Entity Name:** PS KIS LLC

**Current Principal Place of Business:**

5401 S KIRKMAN ROAD  
SUITE 680  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S KIRKMAN ROAD  
SUITE 680  
ORLANDO, FL 32819 US

**FEI Number:** 84-4349982

**Certificate of Status Desired:** No

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

LEITAO SEGNINI, MARCUS PAULO  
6526 OLD BRICK RD #120-238  
WINDERMERE, FL 34786 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	AMBR	Title	AMBR
Name	PARIZE MORAES, GABRIEL	Name	LEITAO SEGNINI, MARCUS PAULO
Address	5401 S KIRKMAN ROAD SUITE 680	Address	5401 S KIRKMAN ROAD SUITE 680
City-State-Zip:	ORLANDO FL 32819	City-State-Zip:	ORLANDO FL 32819

*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:** PARIZE MORAES, GABRIEL

AMBR

04/02/2024

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

\_\_\_\_\_  
Date