

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000083858

Entity Name: KAVALO, LLC**Current Principal Place of Business:**746 ARPAGE CT.
FORT MYERS, FL 33913**Current Mailing Address:**746 ARPAGE CT.
FORT MYERS, FL 33913 US**FEI Number:** 86-1487232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AREVALO, IGNACIO JR
746 ARPAGE CT.
FORT MYERS, FL 33913 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	PRESIDENT
Name	AREVALO, IGNACIO JR
Address	746 ARPAGE CT.
City-State-Zip:	FORT MYERS FL 33913

Title	AMBR
Name	AREVALO, ROSALINDA R
Address	746 ARPAGE CT.
City-State-Zip:	FORT MYERS FL 33913

Title	AMBR
Name	AREVALO, ROBBY L
Address	931 FRANKLIN STREET E
City-State-Zip:	LEHIGH ACRES FL 33974

Title	AUTHORIZED REPRESENTATIVE
Name	NEWSON, RONDELL
Address	118 SW 21ST TERRACE
City-State-Zip:	CAPE CORAL FL 33991

Title	MANAGER
Name	SAEZ, SAMUEL PATRICK
Address	614 POINSETTIA AVE
City-State-Zip:	LEHIGH ACRES FL 33972

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: IGNACIO AREVALO, JR.

COO

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail_____
Date