

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000093410

Entity Name: KLINE FAMILY INN & EVENTS LLC

Current Principal Place of Business:

327 OAK SHADOW PLACE
SAINT JOHNS, FL 32259

Current Mailing Address:

327 OAK SHADOW PLACE
SAINT JOHNS, FL 32259 US

FEI Number: 86-1251619

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KLINE, PATRICK
327 OAK SHADOW PLACE
SAINT JOHNS, FL 32259 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	MANAGER	Title	MANAGER
Name	PATRICK, KLINE	Name	KLINE, CORINNE
Address	327 OAK SHADOW PLACE	Address	327 OAK SHADOW PLACE
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	SAINT JOHNS FL 32259

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: PATRICK J KLINE

MANAGER

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date