

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 06, 2024**  
**Secretary of State**  
**1441238825CC**

DOCUMENT# L20000222042

**Entity Name:** KARIVALE XI LLC

**Current Principal Place of Business:**

13430 SW 144 TERRACE  
MIAMI, FL 33186

**Current Mailing Address:**

13818 SW 152 ST. SUITE 113  
MIAMI, FL 33177 US

**FEI Number:** 87-4351904

**Certificate of Status Desired:** No

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

CLAUDIA CZETYRKO CPA PA  
13818 SW 152 ST. SUITE 113  
MIAMI, FL 33177 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	Title	MGR
Name	CZETYRKO, GERARDO	Name	CZETYRKO, CLAUDIA
Address	13430 SW 144 TERRACE	Address	13430 SW 144 TERRACE
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186

*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:** CLAUDIA CZETYRKO

**MANAGER**

**02/06/2024**

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

\_\_\_\_\_  
Date