

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000230242

Entity Name: KSYKOUTURE LLC

Current Principal Place of Business:

17190 S GLADES DR
APT 10
NORTH MIAMI BEACH, FL 33162--275

Current Mailing Address:

17190 S GLADES DR APT 10
APT 10
NORTH MIAMI BEACH, FL 33162--275 UN

FEI Number: 85-2471580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERRE, CASSANDRA C MS
17190 SOUTH GLADES DR
APT 10
NORTH MIAMI BEACH, FL 33162 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 PIERRE, CASSANDRA MS.
Address 17190 S GLADES DR APT 10
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR
Name PIERRE, CASSANDRA MS
Address 17190 S GLADES DR APT 10
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MNR
Name PIERRE, CASSANDRA
Address 17190 SOUTH GLADES DR
City-State-Zip: NORTH MIAMI BEACH FL 33162--275

Title MGR
Name PIERRE, CASSANDRA
Address 17190 SOUTH GLADES DR
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR
Name PIERRE, CASSANDRA
Address 17190 S GLADES DR APT 10
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGR
Name PIERRE, CASSANDRA
Address 17190 S GLADES DR APT 10
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: PIERRE, CASSANDRA

CASSANDRA PIERRE

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date