

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000309379

**Entity Name:** KMKGSB, LLC

**Current Principal Place of Business:**

7454 SW HWY 200  
OCALA, FL 34476

**Current Mailing Address:**

1834 SW 1ST AVE.  
SUITE 101  
OCALA, FL 34471

**FEI Number:** 85-3817172

**Certificate of Status Desired:** No

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

GOGINENI, ANIL  
1834 SW 1ST AVE.  
SUITE 101  
OCALA, FL 34471 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  
Name GOGINENI, ANIL  
Address 1834 SW 1ST AVE., SUITE 101  
City-State-Zip: Ocala FL 34471

Title OFFICER  
Name MITRA, PURUSHOTTAM DR.  
Address 1834 SW 1ST AVENUE STE 101  
City-State-Zip: Ocala FL 34471

Title OFFICER  
Name KOHLI, NAGESH DR.  
Address 1834 SW 1ST AVE.  
SUITE 101  
City-State-Zip: Ocala FL 34471

Title OFFICER  
Name SEEVARATNAM, ANDREW DR.  
Address 1834 SW 1ST AVE.  
SUITE 101  
City-State-Zip: Ocala FL 34471

Title OFFICER  
Name KARUNAKARA, RAJ DR.  
Address 1834 SW 1ST AVE.  
SUITE 101  
City-State-Zip: Ocala FL 34471

*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:** ANIL GOGINENI

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date