

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000392419

**Entity Name:** KEYLIMEPI LLC

**Current Principal Place of Business:**

1745 E HALLANDALE BEACH BLVD  
402W  
HALLANDALE, FL 33009

**Current Mailing Address:**

1745 E HALLANDALE BEACH BLVD  
402W  
HALLANDALE, FL 33009

**FEI Number:** 85-4333500

**Certificate of Status Desired:** No

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

CONDE, MARIELLA C  
1745 E HALLANDALE BEACH BLVD  
402W  
HALLANDALE, FL 33009 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 CONDE, MARIELLA C  
Address 1745 E HALLANDALE BEACH BLVD  
#402W  
City-State-Zip: HALLANDALE FL 33009

Title AUTHORIZED MEMBER  
Name CONDE, MARIELLA  
Address 8721 NW 47TH COURT  
City-State-Zip: LAUDERHILL FL 33351

*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:** MARIELLA CAROLINA CONDE

**MANAGER**

**04/21/2022**

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

\_\_\_\_\_  
Date