

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000040070

**Entity Name:** GARY L. KLEINSASSER, LLC

**Current Principal Place of Business:**

1421 SW 27TH AVE., #204  
C/O G. KLEINSASSER  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1421 SW 27TH AVE., #204  
C/O G. KLEINSASSER  
DELRAY BEACH, FL 33445 US

**FEI Number:** 88-1519757

**Certificate of Status Desired:** No

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

SHAFER CPA LLC  
1850 FOREST HILL BLVD STE 204  
WEST PALM BEACH, FL 33406 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 KLEINSASSER, GARY L  
Address 1421 SW 27TH AVE., #204  
City-State-Zip: DELRAY BEACH FL 33445

*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:** GARY KLEINSASSER

**MANAGING MEMBER**

**04/06/2022**

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

\_\_\_\_\_  
Date