

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000074850

**Entity Name:** EREK S KIRSTEN PLLC

**Current Principal Place of Business:**

1627 DOUBLOON DR  
HOLIDAY, FL 34690

**Current Mailing Address:**

PO BOX 25932  
TAMPA, FL 33622 US

**FEI Number:** 86-2194335

**Certificate of Status Desired:** No

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

KIRSTEN, EREK S  
1627 DOUBLOON DR  
HOLIDAY, FL 34690 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 MGRM  
Name KIRSTEN, EREK S  
Address 1627 DOUBLOON DR  
City-State-Zip: HOLIDAY FL 34690

*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:** EREK S KIRSTEN

MGRM

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date