

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000151221

**Entity Name:** KATHLEEN ANNE LANDIS, LLC

**Current Principal Place of Business:**

7651 CARY ST.  
THE VILLAGES, FL 34762-6805

**Current Mailing Address:**

7651 CARY ST.  
THE VILLAGES, FL 34762-6805 US

**FEI Number:** 86-3199897

**Certificate of Status Desired:** No

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

LANDIS, KATHLEEN A  
7651 CARY ST.  
THE VILLAGES, FL 34762-6805 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            AUTHORIZED REPRESENTATIVE  
Name            LANDIS, KATHLEEN ANNE  
Address        7651 CARY ST.  
City-State-Zip: THE VILLAGES FL 34762-6805

*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:** KATHLEEN ANNE LANDIS

**AUTHORIZED  
REPRESENTATIVE**

01/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date