## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000405428

Entity Name: KINYOUCHAROEN LLC

**Current Principal Place of Business:** 

3781 S NOVA RD SUITE P

PORT ORANGE, FL 32129

## **Current Mailing Address:**

1200 FLORAL SPRINGS BLVD. UNIT 12104 PORT ORANGE, FL 32129 US

FEI Number: 87-2645354 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

YOUCHAROEN, SALISA 1200 FLORAL SPRINGS BLVD. UNIT 12104

PORT ORANGE, FL 32129 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

FILED Apr 03, 2024

**Secretary of State** 

0227170837CC

## Authorized Person(s) Detail:

Title AP

Name YOUCHAROEN, SALISA

Address 1200 FLORAL SPRINGS BLVD.

UNIT 12104

SIGNATURE: SALISA YOUCHAROEN

City-State-Zip: PORT ORANGE FL 32129

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.

Electronic Signature of Signing Authorized Person(s) Detail

AΡ

04/03/2024

Date