

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000449497

**Entity Name:** 8133KATGEO, LLC**Current Principal Place of Business:**8133 NW 198 STREET  
MIAMI, FL 33015**Current Mailing Address:**16711 NW 79 AVENUE  
MIAMI LAKES, FL 33016 US**FEI Number:** 88-1884347**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BALLOVERAS, RENE J  
16711 NW 79 AVENUE  
MIAMI LAKES, FL 33016 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:** RENE J BALLOVERAS

01/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | AMBR                 |
| Name            | BALLOVERAS, RENE J   |
| Address         | 16711 NW 79 AVENUE   |
| City-State-Zip: | MIAMI LAKES FL 33016 |

|                 |                      |
|-----------------|----------------------|
| Title           | AMBR                 |
| Name            | BALLOVERAS, GEORGE A |
| Address         | 16711 NW 79 AVENUE   |
| City-State-Zip: | MIAMI LAKES FL 33016 |

|                 |                         |
|-----------------|-------------------------|
| Title           | AMBR                    |
| Name            | BALLOVERAS, KATHERINE A |
| Address         | 16711 NW 79 AVENUE      |
| City-State-Zip: | MIAMI LAKES FL 33016    |

*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:** RENE BALLOVERAS

OWNER

01/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date