

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000493021

Entity Name: KONEN APPLIANCE REPAIR LLC

Current Principal Place of Business:

463 NW RAYMOND LN
PORT ST LUCIE, FL 34983

Current Mailing Address:

463 NW RAYMOND LN
PORT ST LUCIE , FL 34983 US

FEI Number: 87-3877832

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONEN, CHANDLER G
463 NW RAYMOND LN
PORT ST LUCIE , FL 34983 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 PR
Name KONEN, CHANDLER G
Address 463 NW RAYMOND LN
City-State-Zip: PORT ST LUCIE FL 34983

Title AUTHORIZED MEMBER
Name PATRICE, WEEDNA
Address 463 NW RAYMOND LN
City-State-Zip: PORT ST LUCIE FL 34983

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: CHANDLER KONEN

PRESIDENT

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date