

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000525311

**Entity Name:** KSM MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

440 S. GULFVIEW BLVD  
#906N  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

440 S. GULFVIEW BLVD  
#906N  
CLEARWATER BEACH, FL 33767 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

MODICA, SCOTT A  
440 S. GULFVIEW BLVD  
#906N  
CLEARWATER BEACH, FL 33767 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 MGR  
Name MODICA, SCOTT A  
Address 440 S. GULFVIEW BLVD, #906N  
City-State-Zip: CLEARWATER BEACH FL 33767

Title AR  
Name MODICA, KRISTINE M  
Address 951 W BAILEY RD  
City-State-Zip: NAPERVILLE IL 60565

*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:** SCOTT A. MODICA

**MANAGING DIRECTOR**

**01/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date