## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000173957

Entity Name: KALEY RAE, LLC

**Current Principal Place of Business:** 

293 PINE BLUFF DRIVE SAINT AUGUSTINE. FL 32092

**Current Mailing Address:** 

293 PINE BLUFF DRIVE

SAINT AUGUSTINE. FL 32092 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

R SOTOLONGO, KALEY 293 PINE BLUFF DRIVE SAINT AUGUSTINE, FL 32092 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: KALEY R SOTOLONGO 04/20/2025

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2025

**Secretary of State** 

4786039137CC

Authorized Person(s) Detail:

Title **AMBR** 

SOTOLONGO, KALEY Name 293 PINE BLUFF DRIVE Address

City-State-Zip: SAINT AUGUSTINE FL 32092

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.

**AMBR** 

SIGNATURE: KALEY SOTOLONGO