

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000202230

**Entity Name:** KWAJALEIN DIVE CENTER LLC

**Current Principal Place of Business:**

2650 GOLFRIDGE LN  
APOPKA, FL 32712

**Current Mailing Address:**

PSC 701 BOX 1092  
APO, AP 96555 US

**FEI Number: 88-2319289**

**Certificate of Status Desired: Yes**

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

DELCAMPO, LAURA V  
2650 GOLFRIDGE LN  
APOPKA, FL 32712 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 DELCAMPO, LAURA VIVIANA  
Address 2650 GOLFRIDGE LN  
City-State-Zip: APOPKA FL 32712

*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: LAURA VIVIANA DEL CAMPO**

**FOUNDER & CEO**

**03/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date