

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000292151

Entity Name: KATHLEEN A OCONNOR, LLC

Current Principal Place of Business:

2900 N ATLANTIC AVE
1203
DAYTONA BEACH, FL 32118

Current Mailing Address:

PO BOX 4305
ORMOND BEACH, FL 32175

FEI Number: 92-2812991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCONNOR, KATHLEEN A
2900 N ATLANTIC AVE
1203
DAYTONA BEACH, FL 32118 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 MANAGER
Name OCONNOR, KATHLEEN ANNE
Address 2900 N ATLANTIC AVE
 1203
City-State-Zip: DAYTONA BEACH FL 32118

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: KATHLEEN A OCONNOR

MANAGER

03/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date