

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000019555

**Entity Name:** KHOLIBRI ASSETS, LLC

**Current Principal Place of Business:**

3330 SW 16TH TERR.  
MIAMI, FL 33145

**Current Mailing Address:**

3330 SW 16TH TERR.  
MIAMI, FL 33145

**FEI Number:** 92-1836525

**Certificate of Status Desired:** No

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

KESK GLOBAL ADVISING, LLC  
270 ALHAMBRA CIR  
CORAL GABLES, FL 33134 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                | Title           | AMBR               |
| Name            | CURE, LUIS E       | Name            | CURE, YOLANDA E    |
| Address         | 3330 SW 16TH TERR. | Address         | 3330 SW 16TH TERR. |
| City-State-Zip: | MIAMI FL 33145     | City-State-Zip: | MIAMI FL 33145     |

*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:** LUIS CURE

**MANAGER**

**02/07/2024**

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

\_\_\_\_\_  
Date