

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000129759

**Entity Name:** KATZ FARMETTE LLC

**Current Principal Place of Business:**

17204 LAURA LEE DRIVE  
SPRING HILL, FL 34610

**Current Mailing Address:**

17204 LAURA LEE DRIVE  
SPRING HILL, FL 34610 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RICARD, KELLY  
17204 LAURA LEE DRIVE  
SPRING HILL, FL 34610 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           | MGRM                  | Title           | MGR                   |
| Name            | RICARD, KELLY         | Name            | RICARD, ALEXANDRE     |
| Address         | 17204 LAURA LEE DRIVE | Address         | 17204 LAURA LEE DRIVE |
| City-State-Zip: | SPRING HILL FL 34610  | City-State-Zip: | SPRING HILL FL 34610  |

*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:** KELLY ALIN RICARD

**MGRM**

**04/02/2024**

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

\_\_\_\_\_  
Date