

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000396211

**Entity Name:** THE KIOSK LAB LLC

**Current Principal Place of Business:**

6916 LONG NEEDLE CT  
ORLANDO, FL 32822

**Current Mailing Address:**

6916 LONG NEEDLE CT  
ORLANDO, FL 32822

**FEI Number:** 93-3030699

**Certificate of Status Desired:** No

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

CALDERON CASTILLO, CARLOS J SR.  
6916 LONG NEEDLE CT  
ORLANDO, FL 32822 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:** CALDERON CASTILLO CARLOS J

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CALDERON, CARLOS  
Address 6916 LONG NEEDLE CT  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name ARAUJO, MARITZA  
Address 6916 LONG NEEDLE CT  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name GUEVARA, BARBARA  
Address 7647 TERN DR  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name CALDERON, JEAN  
Address 6916 LONG NEEDLE CT  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name CALDERON, MARIANA  
Address 6916 LONG NEEDLE CT  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name SUAREZ, FRANCISCO  
Address 6916 LONG NEEDLE CT  
City-State-Zip: ORLANDO FL 32822

*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:** CARLOS CALDERON

AMBR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date