

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000501844

Entity Name: MASTERKZN, LLC

Current Principal Place of Business:

2615 COVE CAY DR UNIT 308
CLEARWATER, FL 33760-1310

Current Mailing Address:

2615 COVE CAY DR UNIT 308
CLEARWATER, FL 33760-1310 US

FEI Number: 99-0588043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INC AUTHORITY RA
390 NORTH ORANGE AVE., STE 2300-N
ORLANDO, FL 32801 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 SHABANOV, AKHMED
Address 26805 ROSEANN PL
City-State-Zip: LUTZ FL 33559

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: AKHMED SHABANOV

MGR

04/11/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date