

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L24000166126

**Entity Name:** KAN MASTERS LLC

**Current Principal Place of Business:**

2594 SW DAMRON STREET  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

2594 SW DAMRON STREET  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 99-2358623

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702 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            AMBR  
Name            PRUDEN, THOMAS  
Address        2594 SW DAMRON STREET  
City-State-Zip: PORT ST LUCIE FL 34953

Title            AMBR  
Name            PRUDEN, LUTHER  
Address        2181 SHELDON ROAD  
City-State-Zip: BAILEY NC 27807

*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:** PRUDEN , THOMAS

AMBR

01/16/2025

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

\_\_\_\_\_  
Date