

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

**Apr 29, 2023**

**Secretary of State  
3185205670CC**

DOCUMENT# M00000001203

**Entity Name:** KIR KEY LARGO 022, LLC

**Current Principal Place of Business:**

500 NORTH BROADWAY, SUITE 201  
JERICHO, NY 11753

**Current Mailing Address:**

500 NORTH BROADWAY, SUITE 201  
JERICHO, NY 11753 US

**FEI Number:** 52-2252801

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AUTHORIZED SIGNATORY  
Name WESTBROOK, PAUL  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name WEINREB, HARVEY G.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name SIMMONS , WILBUR E.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name FREEMAN , CHRISTOPHER  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name DOOLEY, PAUL  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name BRIAMONTE, BARBARA E.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name BAZYDLO, GARY J.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

Title AUTHORIZED SIGNATORY  
Name JAMIESON, DAVID  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICHO NY 11753

**Continues on page 2**

*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:** KIMCO INCOME OPERATING PARTNERSHIP, L.P.

**MANAGING MEMBER**

**04/29/2023**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED SIGNATORY  
Name EDWARDS, RAYMOND  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY  
Name COOPER, ROSS  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY  
Name TEICHMAN , WILLIAM  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title MANAGING MEMBER  
Name KIMCO INCOME OPERATING PARTNERSHIP, L.P.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY  
Name COHEN, GLENN G.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY  
Name FLYNN, CONOR C.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753

Title AUTHORIZED SIGNATORY  
Name GAZERRO, KATHLEEN M.  
Address 500 NORTH BROADWAY, SUITE 201  
City-State-Zip: JERICO NY 11753