

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004354

**Entity Name:** KALVEST 740 SW 109TH LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD.#807  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD.#807  
CORAL GABLES, FL 33134 US

**FEI Number:** 83-2507771

**Certificate of Status Desired:** No

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

KALLIVOKAS, CHRISTOPHER  
1600 PONCE DE LEON BLVD  
STE 807  
COCONUT GROVE, FL 33134 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 MGBM  
Name KALLIVOKAS, CHRISTOPHER  
Address 1600 PONCE DE LEON BLVD.#807  
City-State-Zip: CORAL GABLES FL 33134

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:** CHRISTOPHER KALLIVOKAS

**MEMBER**

**01/22/2025**

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

\_\_\_\_\_  
Date