2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000001833

Entity Name: KPI RESI LENDCO, LLC

Current Principal Place of Business:

1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009

Current Mailing Address:

1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009 US

FEI Number: 87-2957093

Name and Address of Current Registered Agent:

KAWA CAPITAL MANAGEMENT, INC. 1010 S. FEDERAL HIGHWAY SUITE 2900 HALLANDALE BEACH, FL 33009 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

Authorized Person(s) Detail :

Title	AR	Title	AR
Name	ADES, DANIEL	Name	SAVERIN, ALEXANDRE
Address	1010 S. FEDERAL HIGHWAY SUITE 2900	Address	1010 S. FEDERAL HIGHWAY SUITE 2900
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	AR	Title	AR
Name	BALDIM, CRISTINA	Name	LEMOS, CARLOS F
Address	1010 S. FEDERAL HIGHWAY SUITE 2900	Address	1010 S. FEDERAL HIGHWAY SUITE 2900
City-State-Zip:	HALLANDALE BEACH FL 33009	City-State-Zip:	HALLANDALE BEACH FL 33009
Title	AR		
Name	TRASTER, JEREMY		
Address	1010 S. FEDERAL HIGHWAY		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name	TitleARNameADES, DANIELAddress1010 S. FEDERAL HIGHWAY SUITE 2900City-State-Zip:HALLANDALE BEACH FL 33009TitleARNameBALDIM, CRISTINAAddress1010 S. FEDERAL HIGHWAY SUITE 2900City-State-Zip:HALLANDALE BEACH FL 33009TitleARAddress1010 S. FEDERAL HIGHWAY SUITE 2900TitleARNameHALLANDALE BEACH FL 33009TitleARNameTRASTER, JEREMY	TitleARTitleNameADES, DANIELNameAddress1010 S. FEDERAL HIGHWAY SUITE 2900AddressCity-State-Zip:HALLANDALE BEACH FL 33009City-State-Zip:TitleARTitleNameBALDIM, CRISTINANameAddress1010 S. FEDERAL HIGHWAY SUITE 2900AddressCity-State-Zip:HALLANDALE BEACH FL 33009City-State-Zip:TitleARCity-State-Zip:TitleARCity-State-Zip:TitleARCity-State-Zip:TitleARCity-State-Zip:NameTRASTER, JEREMYCity-State-Zip:

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: CRISTINA BALDIM

SUITE 2900 City-State-Zip: HALLANDALE BEACH FL 33009

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 01, 2023 Secretary of State 6911356052CC

Certificate of Status Desired: No

Date

AR