

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000324883

Entity Name: KFL PARTNERS, LLC**Current Principal Place of Business:**4601 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33146**Current Mailing Address:**4601 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33146 US**FEI Number:** 85-3583826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN LEVITT
4601 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33146 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 ALLEN LEVITT
Address 4601 PONCE DE LEON BLVD., SUITE 300
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name ALLEN LEVITT
Address 4601 PONCE DE LEON BLVD., SUITE 300
City-State-Zip: CORAL GABLES FL 33146

Title AMBR
Name JEFF FLEGEL
Address 2627 SOUTH BAYSHORE DRIVE, UNIT 2501
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name JEFF FLEGEL
Address 2627 SOUTH BAYSHORE DRIVE, UNIT 2501
City-State-Zip: COCONUT GROVE FL 33133

Title AMBR
Name DAVID KRANTZ
Address 4701 N. MERIDIAN AVE., UNIT 201
City-State-Zip: MIAMI BEACH FL 33140

Title MGR
Name DAVID KRANTZ
Address 4701 N. MERIDIAN AVE., UNIT 201
City-State-Zip: MIAMI BEACH FL 33140

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: ALLEN LEVITT**MANAGER****03/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date