

**2023 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**FILED**

Mar 28, 2023

**Secretary of State**

0849512297CC

**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	Title	MGR
Name	ALLEN LEVITT	Name	ALLEN LEVITT
Address	4601 PONCE DE LEON BLVD., SUITE 300	Address	4601 PONCE DE LEON BLVD., SUITE 300
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	CORAL GABLES FL 33146
Title	AMBR	Title	MGR
Name	JEFF FLEGEL	Name	JEFF FLEGEL
Address	2627 SOUTH BAYSHORE DRIVE, UNIT 2501	Address	2627 SOUTH BAYSHORE DRIVE, UNIT 2501
City-State-Zip:	COCONUT GROVE FL 33133	City-State-Zip:	COCONUT GROVE FL 33133
Title	AMBR	Title	MGR
Name	ABERMAN, NEIL	Name	ABERMAN, NEIL
Address	2101 E MLK JR DRIVE	Address	2101 E MLK JR DRIVE
City-State-Zip:	HIGHPOINT NC 27260	City-State-Zip:	HIGHPOINT NC 27260

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

MGR

03/28/2023

---

Electronic Signature of Signing Authorized Person(s) Detail

Date