

**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**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 ABERMAN, NEIL  
Address 2101 E MLK JR DRIVE  
City-State-Zip: HIGHPOINT NC 27260

Title MGR  
Name ABERMAN, NEIL  
Address 2101 E MLK JR DRIVE  
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