

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000353166

**Entity Name:** KG UNLIMITED LLC

**Current Principal Place of Business:**

104 N HERCULES AVE  
CLEARWATER, FL 33765

**Current Mailing Address:**

104 N HERCULES AVE  
CLEARWATER, FL 33765 US

**FEI Number:** 87-2076975

**Certificate of Status Desired:** No

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

BAY AREA TAX SPECIALISTS INC  
2144 SEVEN SPRINGS BLVD  
STE 407  
TAMPA, FL 33612 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 MGR  
Name MCDOWELL, TALIB A SR  
Address 2417 BLUE STONE CT  
City-State-Zip: VALRICO FL 33594

Title AMBR  
Name BODENMILLER, BLAKE A  
Address 2415 BLUE STONE CT  
City-State-Zip: VALRICO FL 33594

Title AMBR  
Name SAMSON, APRIL L  
Address 104 N HERCULES AVE  
City-State-Zip: CLEARWATER FL 33765

Title AMBR  
Name SCOTT, KEVIN J  
Address 2424 WEST CHICAGO AVE  
City-State-Zip: TAMPA FL 33629

*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:** TALIB A MCDOWELL

**MGR**

**04/29/2022**

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

\_\_\_\_\_  
Date