

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000104423

**Entity Name:** KAI LIWA, LLC

**Current Principal Place of Business:**

2518 BURNESED BLVD  
SUITE 344  
THE VILLAGES, FL 32163

**Current Mailing Address:**

2518 BURNESED BLVD  
SUITE 344  
THE VILLAGES, FL 32163

**FEI Number:** 86-2831628

**Certificate of Status Desired:** No

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

DECARLO, KAREN  
2518 BURNESED BLVD SUITE 344  
THE VILLAGES, FL 32163 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 DECARLO, KAREN  
Address 2518 BURNESED BLVD SUITE 344  
City-State-Zip: THE VILLAGES FL 32163

*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:** KAREN DECARLO

MGR

02/27/2024

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

\_\_\_\_\_  
Date