




R. Kyle Ardoin Secretary of State 	LIMITED LIABILITY COMPANY ANNUAL REPORT For Period Ending 10/12/2022	 34997277K  2022											
Mailing Address Only (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) 34997277 K POREE'S EMBROIDERY, L.L.C. 3630 MACARTHUR BLVD. STE. C-B NEW ORLEANS, LA 70114	<div style="text-align: center;">1</div> (INDICATE CHANGES TO THIS ADDRESS IN THIS BOX) Registered Office Address in Louisiana (Do not use P. O. Box) 3630 MACARTHUR BLVD STE. C-B NEW ORLEANS, LA 70114	Federal Tax ID Number											
Our records indicate the following registered agents for the company. Indicate any changes or deletions below. All agents must have a Louisiana address. Do not use a P. O. Box. A NEW REGISTERED AGENT REQUIRES A NOTARIZED SIGNATURE MALCOLM POREE 3630 MACARTHUR BLVD STE C-B NEW ORLEANS, LA 70114													
I hereby accept the appointment of registered agent(s).	Sworn to and subscribed before me on NOTARY NAME MUST BE TYPED OR PRINTED WITH NOTARY #												
New Registered Agent Signature	Notary Signature Date												
This report reflects a maximum of three members/managers for the company. Indicate any changes or deletions below. Include a listing of all names and addresses. Do not use a P. O. Box. If additional space is needed attach an addendum. <i>Officer titles, such as president or secretary are not acceptable.</i>													
<table style="width: 100%;"> <tr> <td style="width: 50%;">MALCOLM POREE</td> <td style="width: 50%;">Member</td> </tr> <tr> <td>3630 MACARTHUR BLVD STE C-B NEW ORLEANS, LA 70114</td> <td></td> </tr> <tr> <td>SHAWANDA POREE</td> <td>Member</td> </tr> <tr> <td>3630 MACARTHUR BLVD STE C-B NEW ORLEANS, LA 70114</td> <td></td> </tr> </table>			MALCOLM POREE	Member	3630 MACARTHUR BLVD STE C-B NEW ORLEANS, LA 70114		SHAWANDA POREE	Member	3630 MACARTHUR BLVD STE C-B NEW ORLEANS, LA 70114				
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The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to the fine or imprisonment or both under R.S. 14:133.													
SIGN →	To be signed by a manager, member, or agent Shawanda Poree (SIGNED ELECTRONICALLY) Signee's address	<table style="width: 100%;"> <tr> <td style="width: 33%;">Title</td> <td style="width: 33%;">Phone</td> <td style="width: 34%;">Date</td> </tr> <tr> <td>Operations Manager</td> <td></td> <td>03/06/2023</td> </tr> <tr> <td colspan="2">Email Address</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">(For Office Use Only)</td> </tr> <tr> <td colspan="2">ON FILE</td> </tr> </table>	Title	Phone	Date	Operations Manager		03/06/2023	Email Address		(For Office Use Only)	ON FILE	
Title	Phone	Date											
Operations Manager		03/06/2023											
Email Address		(For Office Use Only)											
ON FILE													
Enclose filing fee of \$30.00 Return by: 10/12/2022 Make remittance payable to Secretary of State To: Commercial Division Do Not Send Cash P. O. Box 94125 Do Not Staple Baton Rouge, LA 70804-9125 web site: www.sos.louisiana.gov DO NOT STAPLE Phone (225) 925-4704													
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UNSIGNED REPORTS WILL BE RETURNED