# **AMENDED ANNUAL REPORT**



# E-FILED May 10, 2024 OREGON SECRETARY OF STATE

# **REGISTRY NUMBER**

110725397

## **REGISTRATION DATE**

04/23/2015

# **BUSINESS NAME**

**KOZY KIDS LLC** 

## **BUSINESS ACTIVITY**

CHILD CARE CENTER, PRESCHOOL

## **MAILING ADDRESS**

15715 NW CENTRAL DRIVE STE A1 PORTLAND OR 97229 USA

#### **TYPE**

DOMESTIC LIMITED LIABILITY COMPANY

# PRIMARY PLACE OF BUSINESS

15715 NW CENTRAL DR SUITE A1 PORTLAND OR 97229 USA

# **JURISDICTION**

**OREGON** 

# **REGISTERED AGENT**

DIANA D NIERMANN

3525 NW LEHMAN PL

BEAVERTON OR 97006 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

## **MEMBER**

DIANA D NIERMANN

3525 NW LEHMAN PL

BEAVERTON OR 97006 USA



## **OREGON SECRETARY OF STATE**

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

## **ELECTRONIC SIGNATURE**

NAME

DIANA D NIERMANN

**TITLE** 

**CEO** 

DATE

05-10-2024