

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096560

**Entity Name:** KARA'S PROFESSIONAL, LLC.

**Current Principal Place of Business:**

441 SW LACROIX AVE  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

441 SW LACROIX AVE  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 26-3537334

**Certificate of Status Desired:** No

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

KARA, SALLY A  
441 SW LACROIX AVE  
PORT ST LUCIE, FL 34953 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 MGRM  
Name KARA, SALLY A  
Address 441 SW LACROIX AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title MGRM  
Name KARA, JOHN F  
Address 441 SW LACROIX AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title AUTHORIZED MEMBER  
Name KARA, NADINE R  
Address 441 SW LACROIX AVE  
City-State-Zip: PORT ST LUCIE FL 34953

*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:** SALLY A KARA

MGR

03/01/2018

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

\_\_\_\_\_ Date