

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000094119

**Entity Name:** KIMBERLYA...FIT FOR THE QUEEN LLC

**Current Principal Place of Business:**

1128 DUNN AVE  
JACKSONVILLE, FL 32218

**Current Mailing Address:**

P.O. BOX #54663  
JACKSONVILLE, FL 32246 US

**FEI Number:** 47-3739952

**Certificate of Status Desired:** No

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

ROBINSON, KIMBERLY A  
10700 BEACH BLVD  
#54663  
JACKSONVILLE, FL 32246 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 ROBINSON, KIMBERLY A  
Address 10700 BEACH BLVD  
#54663  
City-State-Zip: JACKSONVILLE FL 32246

Title MEMBER  
Name ROBINSON, LEAPOLIA S  
Address 10700 BEACH BLVD  
#54663  
City-State-Zip: JACKSONVILLE FL 32246

Title MEMBER  
Name MCDONALD, KYRIE K  
Address 10700 BEACH BLVD  
#54663  
City-State-Zip: JACKSONVILLE FL 32246

Title MEMBER  
Name MCDONALD, KIMBER ANN  
Address P.O. BOX #54663  
City-State-Zip: JACKSONVILLE FL 32246

*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:** LEAPOLIA S. ROBINSON

**MEMBER**

**02/16/2022**

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

\_\_\_\_\_  
Date