

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000099676

**Entity Name:** CFKC CAPITAL, LLC

**Current Principal Place of Business:**

1745 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805

**Current Mailing Address:**

1745 LAKELAND HILLS BLVD.  
LAKELAND, FL 33805 US

**FEI Number: 83-4398066**

**Certificate of Status Desired: No**

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

MEDINA LAW GROUP, P.A.  
402 S. KENTUCKY AVE., STE. 660  
LAKELAND, FL 33801 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 CENTRAL FLORIDA KIDNEY CARE,  
P.A.  
Address 1745 LAKELAND HILLS BLVD.  
City-State-Zip: LAKELAND FL 33805

Title AP  
Name MEDINA, DANIEL  
Address 402 S KENTUCKY AVE., STE. 660  
City-State-Zip: LAKELAND FL 33801

*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: CENTRAL FLORIDA KIDNEY CARE PA**

**MGR**

**03/21/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date