

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000369253

**Entity Name:** EXKLUSIVE KARE LLC

**Current Principal Place of Business:**

6271 ST. AUGUSTINE RD  
STE 24-1339  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

6271 ST. AUGUSTINE RD  
STE 24-1339  
JACKSONVILLE, FL 32217

**FEI Number:** 86-1308964

**Certificate of Status Desired:** No

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

KOON, ANGELIA  
5431 CALLOWAY CT  
JACKSONVILLE, FL 32209 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           OWN  
Name           KOON, ANGELIA  
Address        5431 CALLOWAY CT  
City-State-Zip: JACKSONVILLE FL 32209

*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:** ANGELIA KOON

**OWNER**

**04/30/2022**

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

\_\_\_\_\_  
Date