

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000408704

**Entity Name:** 1ST KINGDOM CARING HANDS LLC

**Current Principal Place of Business:**

5823 US HWY 98 NORTH  
LAKELAND, FL 33809

**Current Mailing Address:**

P O BOX 92023  
LAKELAND, FL 33804 US

**FEI Number:** 92-0411890

**Certificate of Status Desired:** No

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

MOORE, SHANEQUA  
622 CHANNING RD  
LAKELAND, FL 33805 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 MOORE, SHANEQUA Q  
Address P O BOX 92023  
City-State-Zip: LAKELAND FL 33804

*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:** SHANEQUA MOORE

MGR

03/14/2023

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

\_\_\_\_\_ Date