

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099205

Entity Name: KIMBERLYKARE LLC

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

2504 NW 5TH AVENUE  
WILTON MANORS, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2504 NW 5TH AVENUE  
WILTON MANORS, FL 33311

**New Mailing Address:**

2504 NW 5 AVENUE  
WILTON MANORS, FL 33311

FEI Number: 26-3690933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSS, KIMBERLY  
2504 NW 5TH AVENUE  
WILTON MANORS, FL 33311 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSS, KIMBERLY  
Address: 2504 NW 5TH AVENUE  
City-St-Zip: WILTON MANORS, FL 33311

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KIMBERLYKARELLC  
Address: 2504 NW 5 AVENUE  
City-St-Zip: WILTON MANORS, FL 33311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KIMBERLY ROSS

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date