


**LIMITED LIABILITY COMPANY
ANNUAL REPORT**

2020

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # **L23000002745**
1. Entity Name
The ARB and KAD LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
2025 Surfside Terrace
Suite, Apt. #, ect.

3. Mailing Address
2025 Surfside Terrace
Suite, Apt. #, ect.

900400031069

CR2E083B (1/14)

City & State
Vero Beach, Florida

City & State
Vero Beach, Florida

4. FEI Number Applied For
 Not Applicable

Zip Country
32963 USA

Zip Country
32963 USA


5. Certificate of Status Desired \$5.00 Additional Fee Required

6.
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Timothy S. Smick
Street Address (P.O. Box Number is Not Acceptable)
2025 Surfside Terrace
City Vero Beach FL Zip Code 32963

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  December 29, 2022
DATE

January 1 - May 1 Fee is \$138.75
After May 1, Fee is \$538.75
Amended AR is \$50.00
Make Check Payable to Florida Department of State

E-mail Address:
TSmick@hraonline.net

To be used for future annual report notices

9. AUTHORIZED REPRESENTATIVES/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Timothy S. Smick 2025 Surfside Terrace, Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.
2019 - 2022

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an authorized representative or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 805, Florida Statutes. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  December 29, 2022 772-492-5002
DATE

TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE