


**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

2021

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**

300400031 103

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

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

CR2E083B (1/14)

City & State Vero Beach, Florida		City & State Vero Beach, Florida		4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32963	Country USA	Zip 32963	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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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 Timothy S. Smick December 29, 2022

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10.

**2019 - 2022**

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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 605, 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 Timothy S. Smick December 29, 2022 772-492-5002

TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone#