

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129497

Entity Name: KURTIS CARES, LLC

Current Principal Place of Business:

1948 HORN STREET
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

PO BOX 51381
JACKSONVILLE BEACH, FL 32240 US

FEI Number: 27-4335277

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOFTUS, KURTIS W
1948 HORN STREET
JACKSONVILLE BEACH, FL 32250 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 MGRM
Name LOFTUS, KURTIS W
Address PO BOX 51381
City-State-Zip: JACKSONVILLE BEACH FL 32240

Title MGRM
Name LOFTUS, MARGARET S
Address PO BOX 51381
City-State-Zip: JACKSONVILLE BEACH FL 32240

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: MARGARET S LOFTUS

MGRM

01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date