

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000129497

**Entity Name:** KURTIS CARES, LLC

**Current Principal Place of Business:**

425 8TH AVENUE NORTH  
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  
425 8TH AVENUE NORTH  
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 425 8TH AVENUE NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGRM  
Name LOFTUS, MARGARET S  
Address 425 8TH AVENUE NORTH  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date