

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000007037

**Entity Name:** K.A.R.E. INSURANCE , LLC

**Current Principal Place of Business:**

1771 RINGLING BLVD.  
#1210  
SARASOTA, FL 34236

**Current Mailing Address:**

1771 RINGLING BLVD.  
#1210  
SARASOTA, FL 34236 US

**FEI Number:** 27-4787065

**Certificate of Status Desired:** No

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

MANN, DAVID  
423 E. GOVERNMENT ST.  
PENSACOLA, FL 32502 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 ANGLIN, KIPP E  
Address 1771 RINGLING BLVD., #1210  
City-State-Zip: SARASOTA FL 34236

*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:** KIPP E. ANGLIN

MGRM

02/27/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date