

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000106614

Entity Name: KIM-N-JAY MEDICAL MOBILITY

Current Principal Place of Business:

3716 NW 97TH BLVD
GAINESVILLE, FL 32606

Current Mailing Address:

3716 NW 97TH BLVD
GAINESVILLE, FL 32606 US

FEI Number: 46-0860925

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KIMBERLY B
512 SE WATERLEAF DRIVE
LAKE CITY, FL 32024 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 MGR
Name WILLIAMS, KIMBERLY B
Address 512 SE WATERLEAF DRIVE
City-State-Zip: LAKE CITY FL 32024

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: KIMBERLY WILLIAMS

MANAGER

01/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date