

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000131922

Entity Name: KENNEDY FAMILY HEALTHCARE, LLC

Current Principal Place of Business:

3954 BLACK OLIVE LN
HOLLYWOOD, FL 33021

Current Mailing Address:

3954 BLACK OLIVE LN
HOLLYWOOD, FL 33021 US

FEI Number: 81-3276064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENNEDY, NIKKERA
3954 BLACK OLIVE LN
HOLLYWOOD, FL 33021 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 KENNEDY, NIKKERA
Address 3954 BLACK OLIVE LN
City-State-Zip: HOLLYWOOD FL 33021

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: NIKKERA KENNEDY

MGR

03/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date