

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000217189

**Entity Name:** 2KING'S CARE LLC

**Current Principal Place of Business:**

237 CHADWORTH DR  
KISSIMMEE, FL 34759

**Current Mailing Address:**

1080 CYPRESS PARKWAY  
KISSIMMEE, FL 34758 US

**FEI Number:** 82-3150962

**Certificate of Status Desired:** No

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

LEON, JEAN B  
237 CHADWORTH DR  
KISSIMMEE, FL 34758 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 AP  
Name LEON, JEAN BERTRAND  
Address 237 CHADWORTH DR  
City-State-Zip: KISSIMMEE FL 34758

Title AP  
Name MCCLOUD, DEVRON RASHAD  
Address 237 CHADWORTH DR  
City-State-Zip: KISSIMMEE FL 34758

*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:** DEVRON R MCCLOUD

AP

04/01/2024

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

\_\_\_\_\_  
Date