

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000153788

Entity Name: KELLY CARE MANAGEMENT LLC

Current Principal Place of Business:

5051 N HIGHWAY A1A UNIT 3-6
HUTCHINSON ISLAND, FL 34949

Current Mailing Address:

5051 NORTH HIGHWAY A1A UNIT 3-6
HUTCHINSON ISLAND, FL 34949 US

FEI Number: 83-1046923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCK, KELLY
5051 NORTH HIGHWAY A1A UNIT 3-6
HUTCHINSON ISLAND, FL 34949 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 ROCK, KELLY
Address 5051 NORTH HIGHWAY A1A UNIT 3-6
City-State-Zip: HUTCHINSON ISLAND FL 34949

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: KELLY ROCK

MGR

02/02/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date