

**2023 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

**MANAGER**

**01/19/2023**

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

\_\_\_\_\_ Date