

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000190310

**Entity Name:** KIENLE CARE, LLC

**Current Principal Place of Business:**

4820  
PARK BLVD N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

4820  
PARK BLVD N  
PINELLAS PARK, FL 33781 US

**FEI Number:** 83-1593903

**Certificate of Status Desired:** Yes

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

KIENLE, JANE  
4820  
PARK BLVD N  
PINELLAS PARK, FL 33781 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            AMBR  
Name            KIENLE, JANE  
Address        4820  
                  PARK BLVD N  
City-State-Zip: PINELLAS PARK FL 33781

*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:** JANE KIENLE

01/31/2024

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

\_\_\_\_\_  
Date