

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000192226

**Entity Name:** KEZENGENE HEALTHCARE, LLC

**Current Principal Place of Business:**

568 CALAMINT POINT  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

P.O. BOX 210093  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 83-1571207

**Certificate of Status Desired:** Yes

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

GRANTHAM, KIRK  
1860 FOREST HILL BLVD., STE. 105  
WEST PALM BEACH, FL 33406 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 GENEVE, NIKERSON  
Address 568 CALAMINT POINT  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** NIKERSON GENEVE

DR.

04/25/2019

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

\_\_\_\_\_  
Date