2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2020
Secretary of State
3971493172CC

DOCUMENT# L19000020762

Entity Name: KIMBERLY SMITH ADULT & FAMILY CARE LLC

Current Principal Place of Business:

25309 NW 6TH AVE
NEWBERRY, FL 32669

Current Mailing Address:

PO BOX 142
NEWBERRY, FL 32669

FEI Number: 46-2248735

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KIMBERLY A
25309 NW 6TH AVE
NEWBERRY, FL 32669 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	SMITH, KIMBERLY A
Address	15607 NW 135TH TERRACE
City-State-Zip:	ALACHUA FL 32615

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: KIMBERLY SMITH OWNER 04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date