

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000084250

**Entity Name:** KA COUNSELING LLC

**Current Principal Place of Business:**

1074 S. FLORIDA AVE.  
SUITE #103  
LAKELAND, FL 33803

**Current Mailing Address:**

1044 S OHIO AVE  
LAKELAND, FL 33803 US

**FEI Number:** 85-0725958

**Certificate of Status Desired:** No

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

ANTROBUS, KIMBER  
1044 S OHIO AVE  
LAKELAND, FL 33803 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           MANAGER  
Name           ANTROBUS, KIMBER  
Address        1074 S. FLORIDA AVE.  
                  SUITE #103  
City-State-Zip: LAKELAND FL 33803

*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:** KIMBER ANTROBUS

KIMBER ANTROBUS

07/11/2022

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

\_\_\_\_\_  
Date