

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000091825

Entity Name: MK CARING, LLC

Current Principal Place of Business:

2320 HARN BLVD
CLEARWATER, FL 33764

Current Mailing Address:

P.O. BOX 8583
CLEARWATER, FL 33758 US

FEI Number: 46-5633302

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARTER, JOHN K ESQ
9500 KOGER BLVD
112
ST. PETERSBURG, FL 33702 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	Title	AMBR
Name	KEPPLER, MONIQUE E	Name	KEPPLER, MONIQUE E
Address	P.O. BOX 8583	Address	P.O. BOX 8583
City-State-Zip:	CLEARWATER FL 33758	City-State-Zip:	CLEARWATER FL 33758

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: MONIQUE KEPPLER

MGR

04/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date