

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000265012

**Entity Name:** MIKIS ADULT FAMILY CARE HOME LLC

**Current Principal Place of Business:**

121 SE 28TH CT  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

121 SE 28TH CT  
BOYNTON BEACH, FL 33435 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JULIEN FRANCOIS , MIKERLINE  
121 SE 28TH CT  
BOYNTON BEACH, FL 33435 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:** JULIEN FRANCOIS MIKERLINE

04/26/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JULIEN FRANCOIS , MIKERLINE  
Address 121 SE 28TH CT  
City-State-Zip: BOYNTON BEACH 33435

*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:** MIKERLINE JULIEN FRANCOIS

MANAGER

04/26/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date