

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000369253

Entity Name: EXKLUSIVE KARE LLC

Current Principal Place of Business:

6271 ST. AUGUSTINE RD
STE 24-1339
JACKSONVILLE, FL 32217

Current Mailing Address:

6271 ST. AUGUSTINE RD
STE 24-1339
JACKSONVILLE, FL 32217

FEI Number: 86-1308964

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KOON, ANGELIA
5431 CALLOWAY CT
JACKSONVILLE, FL 32209 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 OWN
Name KOON, ANGELIA
Address 5431 CALLOWAY CT
City-State-Zip: JACKSONVILLE FL 32209

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: ANGELIA KOON

OWNER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date