

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000489553

**Entity Name:** KWB TRAVEL & SELF CARE LLC

**Current Principal Place of Business:**

4908 E IDLEWILD AVE  
TAMPA, FL 33610

**Current Mailing Address:**

4908 E IDLEWILD AVE  
TAMPA, FL 33610 US

**FEI Number:** 87-4133550

**Certificate of Status Desired:** No

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

WILLIS-BARRETT, KAREN A  
4908 E IDLEWILD AVE  
TAMPA, FL 33610 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:** KAREN WILLIS-BARRETT

05/01/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WILLIS-BARRETT, KAREN A  
Address 4908 E IDLEWILD AVE  
City-State-Zip: TAMPA FL 33610

*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:** KAREN WILLIS-BARRETT

MANAGER

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date