

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000362925

**Entity Name:** KB PRIVATE HOSPICE AND HOMECARE LLC

**Current Principal Place of Business:**

1705 CONSERVATION TRAIL, 101  
101  
FT WALTON, FL 32547

**Current Mailing Address:**

1705 CONSERVATION TRAIL, 101  
101  
FT WALTON, FL 32547 US

**FEI Number:** 88-3741423

**Certificate of Status Desired:** No

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

BAUCAS, KRISTEN M  
1705 CONSERVATION TRAIL  
101  
FORT WALTON BEACH, FL 32547 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            OWNER  
Name            BAUCAS, KRISTEN M  
Address        CONSERVATION TRAIL  
                  101  
City-State-Zip: FT WALTON FL 32547

*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:** KRISTEN M BAUCAS

**OWNER**

**03/18/2023**

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

\_\_\_\_\_  
Date