

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000381609

**Entity Name:** KATHLEEN A LANE CARE LLC

**Current Principal Place of Business:**

2629 NORTHWEST 41ST STREET  
BOCA RATON, FL 33434

**Current Mailing Address:**

2629 NORTHWEST 41ST STREET  
BOCA RATON, FL 33434 US

**FEI Number:** 88-4056325

**Certificate of Status Desired:** No

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

LANE, KATHLEEN A  
2629 NORTHWEST 41ST STREET  
BOCA RATON, FL 33434 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            CEO  
Name            LANE, KATHLEEN A  
Address        2629 NORTHWEST 41ST STREET  
City-State-Zip: BOCA RATON FL 33434

*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:** KATHLEEN LANE

CEO

03/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date