

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000140254

**Entity Name:** LESS INSTITUTE CLINICAL, PLLC

**Current Principal Place of Business:**

3816 HOLLYWOOD BLVD  
SUITE 102  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

3816 HOLLYWOOD BLVD  
SUITE 102  
HOLLYWOOD, FL 33021 US

**FEI Number:** 47-1859120

**Certificate of Status Desired:** No

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

CORPORATE ACCESS INC.  
236 E 6TH AVE  
TALLAHASSEE, FL 32303-6208 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 MGR  
Name KIC MANAGEMENT GROUP, INC.  
Address 350 MAIN ST  
City-State-Zip: MALDEN MA 02148

Title AR  
Name DUDLEY, VANESSA  
Address 1100 W. OAKLAND PARK BLVD. #3  
City-State-Zip: FORT LAUDERDALE FL 33311

Title AMBR  
Name LESS INSTITUTE OF FLORIDA, LLC  
Address 350 MAIN ST  
City-State-Zip: MALDEN MA 02148

*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:** ADITYA HUMAD

MR

04/02/2019

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

\_\_\_\_\_ Date