

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000090064

**Entity Name:** KRISTIE Klier HYPNOSIS AND DEVELOPMENTAL SERVICES  
LLC

**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**6432924307CC**

**Current Principal Place of Business:**

880 MANDALAY AVE  
APT S302  
CLEARWATER BEACH, FL 33767

**Current Mailing Address:**

880 MANDALAY AVE  
APT S302  
CLEARWATER BEACH, FL 33767 US

**FEI Number:** 81-2943471

**Certificate of Status Desired:** No

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

KLIER, KRISTIE D  
880 MANDALAY AVE  
APT S302  
CLEARWATER BEACH, FL 33767 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 KLIER, KRISTIE  
Address 880 MANDALAY AVE  
APT S302  
City-State-Zip: CLEARWATER BEACH FL 33767

*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:** KRISTIE Klier

MS.

03/12/2024

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

\_\_\_\_\_  
Date