#### 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. 02/05/2024

SIGNATURE: JOSHUA DURST

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 83-3111951

## Name and Address of Current Registered Agent:

DURST & JORDAN CPA PA 4459-B HWY 90 PACE, FL 32571 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: JOSHUA DURST

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title MGR Name DURST, JOSHUA 3773 COTTON GIN LANE Address City-State-Zip: PACE FL 32571

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L19000013624

#### Entity Name: CLARITY HEALTHCARE SOLUTIONS CAPITAL LLC

# **Current Principal Place of Business:**

3773 COTTON GIN LANE PACE. FL 32571

#### **Current Mailing Address:**

4459-B HWY 90 PACE. FL 32571 UN

02/05/2024

Date

# FILED Feb 05, 2024 Secretary of State 9232830591CC

Certificate of Status Desired: No

Date

OWNER