

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000300208

**Entity Name:** K. CLEMENTS DPT, LLC

**Current Principal Place of Business:**

5251 S DALE MABRY HWY  
SUITE A  
TAMPA, FL 33611

**Current Mailing Address:**

403 S ARRAWANA AVE  
UNIT 1  
TAMPA, FL 33609 US

**FEI Number:** 84-3996536

**Certificate of Status Desired:** No

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

CLEMENTS, KRISTINA  
403 S ARRAWANA AVE  
UNIT 1  
TAMPA, FL 33609 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 AMBR  
Name CLEMENTS, KRISTINA  
Address 403 S ARRAWANA AVE  
UNIT 1  
City-State-Zip: TAMPA FL 33609

*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:** KRISTINA N CLEMENTS

AMBR

02/01/2022

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

\_\_\_\_\_  
Date