# 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: KEYLA BARRETO-KLEYSER

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000230717

#### Entity Name: KEYLA K BARRETO-KLEYSER MD PLLC

#### **Current Principal Place of Business:**

7005 SHRIMP ROAD KEY WEST, FL 33040

## **Current Mailing Address:**

7005 SHRIMP ROAD KEY WEST. FL 33040

## FEI Number: 85-2289962

## Name and Address of Current Registered Agent:

BARRETO-KLEYSER, KEYLA K MD 7005 SHRIMP RD SUITE 315 KEY WEST, FL 33040 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

# Authorized Person(s) Detail :

Title	MGR	Title	AP
Name	BARRETO-KLEYSER, KEYLA K MD	Name	SKANE, ADRIAN K CPA
Address	7005 SHRIMP RD	Address	2200 N WESTSHORE BLVD
City-State-Zip:	KEY WEST FL 33040		STE 200-1170
		City-State-Zip:	TAMPA FL 33607

MANAGER

Certificate of Status Desired: No

FILED Apr 25, 2024 Secretary of State 5336034343CC

> 04/25/2024 Date

Date