

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000302818

**Entity Name:** KELLYNURSE LLC

**Current Principal Place of Business:**

532 ORANGE DR UNIT 21  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

532 ORANGE DR UNIT 21  
ALTAMONTE SPRINGS, FL 32701 UN

**FEI Number:** 85-3353899

**Certificate of Status Desired:** No

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

MARDERS, KELLY  
532 ORANGE DR UNIT 21  
ALTAMONTE SPRINGS, FL 32701 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           MANAGER  
Name           MARDERS, KELLY  
Address        532 ORANGE DR UNIT 21  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** KELLY MARDERS

MANAGER

03/07/2023

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

\_\_\_\_\_ Date