

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000279652

Entity Name: KALINKA HEALTH SERVICES LLC

Current Principal Place of Business:

470 ELDRON DR
APT9
MIAMI SPRING, FL 33166

Current Mailing Address:

470 ELDRON DR
APT9
MIAMI SPRING, FL 33166 UN

FEI Number: 85-3054878

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERDOMO, IVETTE
470 ELDRON DR
APT9
MIAMI SPRING, FL 33166 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 PERDOMO, IVETTE
Address 470 ELDRON DR, APT9
City-State-Zip: MIAMI SPRING FL 33166

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: IVETTE PERDOMO

AMBR

03/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date