

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000369869

Entity Name: KLEERVIEW HEALTHCARE SOLUTIONS, LLC

Current Principal Place of Business:

10070 SW 40TH CT
OCALA, FL 34476

Current Mailing Address:

P.O BOX 2801
OCALA, FL 34478 US

FEI Number: 87-2226772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARY, MARGARET
7442 SE 36TH AVE
OCALA, FL 34480 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	CEO	Title	VP
Name	GARY, MARGARET DR.	Name	SMITH, KENDRA
Address	7442 SE 36TH AVE	Address	7442 SE 36TH AVE
City-State-Zip:	OCALA FL 34480	City-State-Zip:	OCALA FL 34480
Title	VP		
Name	KENNEDY, OTAVIA		
Address	10070 SW 40TH CT		
City-State-Zip:	OCALA FL 34476		

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: OTAVIA KENNEDY

VP

03/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date