

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000384448

**Entity Name:** KANOKRAT CLINIC, LLC

**Current Principal Place of Business:**

1415 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**Current Mailing Address:**

1415 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931 US

**FEI Number:** 87-2395505

**Certificate of Status Desired:** No

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

WELLS, TEE  
1415 N ATLANTIC AVENUE  
COCOA BEACH, FL 32931 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 MGR  
Name WELLS, TEE  
Address 1415 N ATLANTIC AVENUE  
City-State-Zip: COCOA BEACH FL 32931

Title AMBR  
Name WELLS, JEFFERY  
Address 1415 N ATLANTIC AVENUE  
City-State-Zip: COCOA BEACH FL 32931

*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:** JEFFERY W WELLS

**MANAGER**

**02/24/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date