

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000474219

Entity Name: KAPS THERAPEUTIC SOLUTIONS LLC

Current Principal Place of Business:

4798 SOUTH FLORIDA AVENUE
178
LAKELAND, FL 33813

Current Mailing Address:

4798 SOUTH FLORIDA AVENUE
178
LAKELAND, FL 33813

FEI Number: 87-3416448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALK, KELLY
4798 SOUTH FLORIDA AVENUE
178
LAKELAND, FL 33813 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 VALK, KELLY
Address 4798 SOUTH FLORIDA AVENUE #178
City-State-Zip: LAKELAND FL 33813

Title AMBR
Name VALK, STEVEN
Address 4798 SOUTH FLORIDA AVENUE #178
City-State-Zip: LAKELAND FL 33813

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 VALK

CEO

04/09/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date