

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000200696

**Entity Name:** KALESTHETICS LLC

**Current Principal Place of Business:**

13500 SUTTON PARK DR S, STE 702  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4450 TROPEA WAY, APT 3116  
JACKSONVILLE, FL 32246 US

**FEI Number:** 88-2310397

**Certificate of Status Desired:** Yes

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

BAKER, CHARLOTTE CHARLOTTE BAKER  
4450 TROPEA WAY, APT 3116  
JACKSONVILLE, FL 32246 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:** CHARLOTTE BAKER

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LIPTHRATT, KRISTEN A  
Address 4450 TROPEA WAY UNIT 1132  
City-State-Zip: JACKSONVILLE FL 32246

*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:** KRISTEN LIPTHRATT

OWNER

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date