

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000082724

Entity Name: KELLYS HEALING HANDS LLC

Current Principal Place of Business:

3211 NW 25TH TERRACE
GAINESVILLE, FL 32605

Current Mailing Address:

3211 NW 25TH TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 92-3874372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOESLAG, KELLY
3211 NW 25TH TERRACE
GAINESVILLE, FL 32605 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 KOESLAG, KELLY
Address 3211 NW 25TH TERRACE
City-State-Zip: GAINESVILLE FL 32605

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 KOESLAG

AMBR

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date