

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000082724

**Entity Name:** KELLYS HEALING HANDS LLC

**Current Principal Place of Business:**

2433 FOSTER LANE  
SARASOTA, FL 34239

**Current Mailing Address:**

2433 FOSTER LN  
SARASOTA, FL 34239 US

**FEI Number:** 92-3874372

**Certificate of Status Desired:** No

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

KOESLAG, KELLY  
2433 FOSTER LN  
SARASOTA, FL 34239 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         2433 FOSTER LANE  
City-State-Zip: SARASOTA FL 34239

*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

02/17/2026

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date