

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000305521

Entity Name: YIELD POINT CLINICAL LLC

Current Principal Place of Business:

2752 KINGSTON RIDGE DRIVE
CLERMONT, FL 34711

Current Mailing Address:

2752 KINGSTON RIDGE DRIVE
CLERMONT, FL 34711 US

FEI Number: 93-2087803

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SONNEBORN, LISA
2752 KINGSTON RIDGE DRIVE
CLERMONT, FL 34711 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 SONNEBORN, LISA
Address 2752 KINGSTON RIDGE DRIVE
City-State-Zip: CLERMONT FL 34711

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: LISA SONNEBORN

OWNER MEMBER

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date