

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000488366

**Entity Name:** KEMP AESTHETICS AND WELLNESS CLINIC, LLC

**Current Principal Place of Business:**

4181 SW HIGH MEADOWS AVE  
PALM CITY, FL 34990

**Current Mailing Address:**

1535 SW SPRINGFIELD CT  
PALM CITY, FL 34990 UN

**FEI Number:** 93-4104750

**Certificate of Status Desired:** No

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

KEMP, DENISE R  
1535 SW SPRINGFIELD CT  
PALM CITY, FL 34990 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 AP  
Name PALMER, JEFFREY W  
Address 1535 SW SPRINGFIELD CT  
City-State-Zip: PALM CITY FL 34990

Title AMBR  
Name KEMP, DENISE R  
Address 1535 SW SPRINGFIELD CT  
City-State-Zip: PALM CITY FL 34990

*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:** DENISE KEMP

AMBR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date