

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000489669

**Entity Name:** KRISTINA MCLEAN, MD LLC

**Current Principal Place of Business:**

305 S CHILDS ST  
LEESBURG, FL 34748

**Current Mailing Address:**

17316 FOSGATE RD  
MONTVERDE, FL 34756 US

**FEI Number:** 93-4234685

**Certificate of Status Desired:** No

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

MCLEAN, KRISTINA M MD  
17316 FOSGATE RD  
MONTVERDE, FL 34756 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 MCLEAN, KRISTINA M MD  
Address 17316 FOSGATE RD  
City-State-Zip: MONTVERDE FL 34756

*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:** KRISTINA MCLEAN

**OWNER**

**02/12/2024**

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

\_\_\_\_\_  
Date