

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000534510

Entity Name: KAY PROVIDER LLC

Current Principal Place of Business:

PO BO 550941
JACKSONVILLE, FL 32255

Current Mailing Address:

PO BO 550941
JACKSONVILLE, FL 32255 US

FEI Number: 99-2332720

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, KEYONE K
PO BO 550941
JACKSONVILLE, FL 32255 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 WHITE, KEYONE
Address PO BO 550941
City-State-Zip: JACKSONVILLE FL 32255

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: KEYONE K WHITE

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date