

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107082

**Entity Name:** ALLODYNIC THERAPEUTICS, LLC

**Current Principal Place of Business:**

1785 NE 123RD STREET  
NORTH MIAMI, FL 33181-2721

**Current Mailing Address:**

1785 NE 123RD STREET  
NORTH MIAMI, FL 33181-2721 US

**FEI Number:** 27-3729826

**Certificate of Status Desired:** No

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

TOLEDANO, ANNETTE  
1785 NE 123RD STREET  
NORTH MIAMI, FL 33181-2721 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	Title	MGRM
Name	TOLEDANO, ANNETTE	Name	SHOR, DAVID
Address	1785 NE 123RD STREET	Address	1785 NE 123RD STREET
City-State-Zip:	NORTH MIAMI FL 33181-2721	City-State-Zip:	NORTH MIAMI FL 33181

*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:** ANNETTE CHANNA TOLEDANO

MGR

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date