

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103236

Entity Name: THE INJURY PROFESSIONAL NETWORK LLC

Current Principal Place of Business:

3710 WEST EUCLID AVENUE
TAMPA, FL 33612

Current Mailing Address:

3710 WEST EUCLID AVENUE
TAMPA, FL 33612 US

FEI Number: 27-5239330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRATTON LAW FIRM
611 WEST AZEELE STREET
TAMPA, FL 33606 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 MGRM
Name CIELO, TODD DR.
Address 3710 WEST EUCLID AVENUE
City-State-Zip: TAMPA FL 33629

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: TODD CIELO

PRESIDENT

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date