that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEAN THERAGENE

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent:

THERAGENE, JEAN W 5905 DEWITT PLACE LAKE WORTH, FL 33463 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: THERAGENE JEAN W

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR
Name	THERAGENE, JEAN W
Address	5905 DEWITT PLACE
City-State-Zip:	LAKE WORTH FL 33463

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

PRESIDENT

Certificate of Status Desired: Yes

04/23/2024 Date

Date

04/23/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000106238

Entity Name: THERAGENE MODERN CABINET DESIGN LLC

Current Principal Place of Business:

5905 DEWITT PLACE LAKE WORTH. FL 33463

Current Mailing Address:

5905 DEWITT PLACE LAKE WORTH. FL 33463 US

FEI Number: 45-4242781

FILED Apr 23, 2024 Secretary of State 1283200527CC