

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000105593

Entity Name: NEUROVIP LLC

Current Principal Place of Business:

C/O 20988 CIPRES WAY
BOCA RATON, FL 33433

Current Mailing Address:

C/O 20988 CIPRES WAY
BOCA RATON, FL 33433

FEI Number: 46-3282954

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LLOYD GRANET, P.A.
2295 NW CORPORATE BLVD.
SUITE 235
BOCA RATON, FL 33431-7330 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 | MGR |
| Name | KATZIN, ROY C MD | Name | KATZIN, HELENE |
| Address | C/O 20988 CIPRES WAY | Address | C/O 20988 CIPRES WAY |
| City-State-Zip: | BOCA RATON FL 33433 | City-State-Zip: | BOCA RATON FL 33433 |

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: ROY C KATZIN

MANAGER

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date