

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000168444

**Entity Name:** NEUROPATHIC PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

201 HILDA ST  
UNIT 33  
KISSIMMEE, FL 34741

**Current Mailing Address:**

1019 ORWELL AVE  
ORLANDO, FL 32809 US

**FEI Number:** 82-2423418

**Certificate of Status Desired:** No

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

FELICIANO, CARLOS  
201 HILDA ST  
KISSIMMEE, FL 34741 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	MANAGER
Name	FELICIANO, CARLOS	Name	FELICIANO, CARLOS A
Address	1019 ORWELL AVE	Address	1019 ORWELL AVE
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809

*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:** CARLOS FELICIANO

**MGR**

**01/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date