

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000264341

Entity Name: ACESO THERAPEUTICS LLC**Current Principal Place of Business:**1000 5TH STREET
200 - S6
MIAMI BEACH, FL 33139**Current Mailing Address:**1000 5TH STREET
200- S6
MIAMI BEACH, FL 33139**FEI Number:** 83-2919224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAUL, DEBBIE
601 SW 99 AVE
PEMBROKE PINES, FL 33025 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
Name	DIETRICH, DALTON
Address	720 NE 69TH ST. APT 8N
City-State-Zip:	MIAMI FL 33138

Title	MGR
Name	LEVI, ALLAN
Address	175 HARBOR DR
City-State-Zip:	KEY BISCAYNE FL 33149

Title	MGR
Name	BUNGE, MARY
Address	919 TENDILLA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	MGR
Name	KHAN, AISHA
Address	13451 SW 21 STREET
City-State-Zip:	MIRAMAR FL 33027

Title	MGR
Name	GUEST, JAMES
Address	121 NE 92 STREET
City-State-Zip:	MIAMI FL 33138

Title	MGR
Name	PEARSE, DAMIEN
Address	400 VALENCIA AVENUE APT 3
City-State-Zip:	CORAL GABLES FL 33134

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: AISHA KHAN

MGR

01/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date