# 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000209323

Entity Name: ANCIENT OAK THERAPEUTICS, LLC

# **Current Principal Place of Business:**

2973 RUSSELL RD GREEN COVE SPRINGS, FL 32043

# **Current Mailing Address:**

2973 RUSSELL RD GREEN COVE SPRINGS, FL 32043 US

# FEI Number: 84-2824030

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

PARKS, JACQUELYN B 2973 RUSSELL RD GREEN COVE SPRINGS, FL 32043 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

#### Authorized Person(s) Detail :

Title	OWNER
Name	PARKS, JACQUELYN B
Address	2973 RUSSELL RD
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: JACQUELYN B PARKS

OWNER

06/29/2020 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jun 29, 2020 Secretary of State 6911681467CC

Certificate of Status Desired: No

Date