

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000233213

Entity Name: THERAICE LLC

Current Principal Place of Business:

20264 NE 15 CT
MIAMI, FL 33179

Current Mailing Address:

20264 NE 15 CT
MIAMI, FL 33179

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, RON
20264 NE 15 CT
MIAMI, FL 33179 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 AUTHORIZED MEMBER
Name RBJ23 LLC
Address 20031 NE 37 CT
City-State-Zip: AVENTURA FL 33180

Title AUTHORIZED MEMBER
Name REDAKADE LLC
Address 1020 SW 93RD TERRACE
City-State-Zip: PLANTATION FL 33324

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: RON COHEN

MANAGER

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date