

**2022 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**

**04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date