

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000322575

Entity Name: JOANN WOOCKER MS CCC-SLP LLC

Current Principal Place of Business:

445 WARRIOR TRAIL
ENTERPRISE, FL 32725

Current Mailing Address:

445 WARRIOR TRAIL
ENTERPRISE, FL 32725

FEI Number: 87-1712969

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOCKER, JO ANN
445 WARRIOR TRAIL
ENTERPRISE, FL 32725 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 WOOCKER, JOANN
Address 445 WARRIOR TRAIL
City-State-Zip: ENTERPRISE FL 32725

Title MGR
Name WOOCKER, SAMUEL S
Address 445 WARRIOR TRAIL
City-State-Zip: ENTERPRISE FL 32725

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: SAMUEL S WOOCKER

FILER

08/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date