

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000451091

Entity Name: ROMO THERAPIES LLC

Current Principal Place of Business:

45 BAYSIDE PARK
MIRAMAR BEACH, FL 32550

Current Mailing Address:

45 BAYSIDE PARK
MIRAMAR BEACH, FL 32550 US

FEI Number: 88-1735870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NETTLEBLAD, KELLY L
45 BAYSIDE PARK
MIRAMAR BEACH, FL 32550 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 NETTLEBLAD, KELLY L
Address 45 BAYSIDE PARK
City-State-Zip: MIRAMAR BEACH FL 32550

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: KELLY NETTLEBLAD

MGR

03/31/2024

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date