

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000192862

Entity Name: IV THERAPY TO GO LLC

Current Principal Place of Business:

501 NW 179TH AVE
SUITE 102
PEMBROKE PINES, FL 33029

Current Mailing Address:

501 NW 179TH AVE
SUITE 102
PEMBROKE PINES, FL 33029 US

FEI Number: 88-2020529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOWLER, KIMBERLY
19430 NW 8TH STREET
PEMBROKE PINES, FL 33029 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 JOSEPH, ALEXANDRA
Address 19430 NW 8TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR
Name KIMBERLY, FOWLER
Address 19430 NW 8TH STREET
City-State-Zip: PEMBROKE PINES FL 33029

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: KIMBERLY FOWLER

MANAGER

03/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date