

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000203575

Entity Name: BIOCORE THERAPEUTICS, LLC**Current Principal Place of Business:**1616 S. TANNER RD.
STE 150
ORLANDO, FL 32833**Current Mailing Address:**1002 DILLARD ST S,
STE 114
WINTER GARDEN, FL 34787 US**FEI Number:** 88-2791516**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUCZYWO, CHRISTOPHER
1616 S TANNER RD
ORLANDO, FL 32833 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 LUCZYWO, CHRISTOPHER
Address 1616 S TANNER RD
City-State-Zip: ORLANDO 32833Title AUTHORIZED MEMBER
Name KAUFFMAN, MELISSA
Address 309 W OAKLAND AVE
City-State-Zip: OAKLAND FL 34760Title AUTHORIZED MEMBER
Name KIEC, MICHAEL
Address 7515 AVON LN
City-State-Zip: CHESTERLAND OH 44026Title AUTHORIZED MEMBER
Name KIEC, CHRISTIAN
Address 7515 AVON LN
City-State-Zip: CHESTERLAND OH 44026

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: CHRISTOPHER LUCZYWO**MEMBER****01/17/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date