

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000238619

**Entity Name:** RHYXAN.US LLC

**Current Principal Place of Business:**

8337 CENTURY PT DR N  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

8337 CENTURY PT DR N  
JACKSONVILLE, FL 32216 US

**FEI Number:** 88-1193162

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAMPLEY, AJA M  
8337 CENTURY PT DR N  
JACKSONVILLE, FL 32216 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            CEO  
Name            LAMPLEY, AJA M  
Address        8337 CENTURY PT DR. N  
City-State-Zip: JACKSONVILLE FL 32216

Title            CFO  
Name            LAMPLEY, TALIA M  
Address        2643 KERSEY DR W  
City-State-Zip: JACKSONVILLE FL 32216

Title            COO  
Name            LAMPLEY, MORGAN  
Address        2643 KERSEY DR W  
City-State-Zip: JACKSONVILLE FL 32216

Title            MANAGER  
Name            WILLIAMS, NASYH  
Address        8337 CENTURY PT DR N  
City-State-Zip: JACKSONVILLE FL 32216

*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:** AJA LAMPLEY

**CEO**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date