

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000285471

**Entity Name:** THE HORMONE RESTORATION CENTER OF CHIPLEY LLC

**Current Principal Place of Business:**

1138 MAIN STREET  
CHIPLEY, FL 32428

**Current Mailing Address:**

12889 US HWY 98 WEST, SUITE 107B  
MIRAMAR BEACH, FL 32550 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CHERN, RICHARD  
12889 US HWY 98 WEST, SUITE 107B  
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           | AP                               | Title           | AP               |
| Name            | CHERN, RICHARD                   | Name            | COOK, AMANDA     |
| Address         | 12889 US HWY 98 WEST, SUITE 107B | Address         | 1140 BUDDY ROAD  |
| City-State-Zip: | MIRAMAR BEACH FL 32550           | City-State-Zip: | CHIPLEY FL 32428 |
|                 |                                  |                 |                  |
| Title           | MGR                              |                 |                  |
| Name            | ANDERSON, JEFF                   |                 |                  |
| Address         | 12889 US HWY 98 WEST, SUITE 107B |                 |                  |
| 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:** RICHARD CHERN

AP

04/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date