

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000396494

Entity Name: HUMAN SC LLC**Current Principal Place of Business:**3838 BONFIRE DRIVE
ODESSA, FL 33556**Current Mailing Address:**PO BOX 583
ODESSA, FL 33556 US**FEI Number:** 92-3750216**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODICH, NICHOLAS
3838 BONFIRE DRIVE
ODESSA, FL 33556 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 MANAGER
Name ARLINGHAUS, KESHIA
Address 4202 GRAINARY AVE
City-State-Zip: TAMPA FL 33624

Title MANAGER
Name TROIANO, FRANK
Address 2001 SW 13TH STREET
City-State-Zip: MIAMI FL 33145

Title CEO, AMBR
Name ARLINGHAUS, KESHIA
Address 4202 GRAINARY AVE
City-State-Zip: TAMPA FL 33624

Title COO, AMBR
Name TROIANO, FRANK
Address 2001 SW 13TH STREET
City-State-Zip: MIAMI FL 33145

Title CCO, AMBR
Name RODICH, NICHOLAS
Address 3838 BONFIRE DRIVE
City-State-Zip: ODESSA FL 33556

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: NICHOLAS RODICH

CCO

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail_____
Date