

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000489372

**Entity Name:** 1 DAY DETOX LLC

**Current Principal Place of Business:**

10281 NW 46TH STREET  
UNIT 7W  
SUNRISE, FL 33351

**Current Mailing Address:**

20200 NW 2 AVE  
UNIT 302  
MIAMI, FL 33169 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MILLER, ANNAKAYE  
20200 NW 2 AVE UNIT 302  
MIAMI GARDENS, FL 33169 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 MILLER, ANNAKAYE  
Address 20200 NW 2 AVE SUITE 302  
City-State-Zip: MIAMI GARDENS FL 33169

*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:** ANNAKAYE MILLER

**MANAGER**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date