

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000126736

**Entity Name:** THE VOUCH APP, LLC

**Current Principal Place of Business:**

16649 TOSCANA CIRCLE  
APT 806  
NAPLES, FL 34108

**Current Mailing Address:**

16649 TOSCANA CIRCLE  
APT 806  
NAPLES, FL 34108 US

**FEI Number:** 92-3210564

**Certificate of Status Desired:** No

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

GALBRAITH STATUTORY AGENT LLC  
999 VANDERBILT BEACH ROAD  
SUITE 509  
NAPLES, FL 34108 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            AMBR  
Name            GALBRAITH, JENNIFER  
Address        16649 TOSCANA CIRCLE, APT 806  
City-State-Zip: NAPLES FL 34110

Title            MGR  
Name            GALBRAITH, JENNIFER  
Address        16649 TOSCANA CIRCLE, APT 806  
City-State-Zip: NAPLES FL 34110

Title            AP  
Name            DAL LAGO LAW  
Address        999 VANDERBILT BEACH ROAD,  
                  SUITE 200  
City-State-Zip: NAPLES FL 34108

Title            AP  
Name            GALBRAITH STATUTORY AGENT  
Address        999 VANDERBILT BEACH ROAD,  
                  SUITE 509  
City-State-Zip: NAPLES FL 34108

*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:** JENNIFER GALBRAITH

**MANAGER**

**04/11/2024**

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

\_\_\_\_\_  
Date