

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000240100

Entity Name: FRIENDZCARE INFUSION AND WELLNESS LLC

Current Principal Place of Business:

6001 SILVER STAR RD
3
ORLANDO, FL 32808

Current Mailing Address:

1538 LAWSON PALM CT
APOPKA, FL 32712 US

FEI Number: 93-1845535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PREZIL, FRANCELAINE
6134 LOKEY DR.
ORLANDO, FL 32810 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	Title	MGR
Name	PREZIL, FRANCELAINE	Name	NEZIER, DARLYNE
Address	6134 LOKEY DR.	Address	1538 LAWSON PALM CT
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	APOPKA FL 32712

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: DARLYNE NEZIER

MANAGER

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date