

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000392186

**Entity Name:** FULL DOSE LLC

**Current Principal Place of Business:**

3250 MARY STREET, STE 324  
MIAMI, FL 33133

**Current Mailing Address:**

2001 GROVE STREET  
WANTAGH, NY 11793 US

**FEI Number:** 93-3059169

**Certificate of Status Desired:** No

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

BLAKENEY, SAMANTHA  
9585 SHEPARD PLACE  
WELLINGTON, FL 33414 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            BLAKENEY, SAMANTHA  
Address        9585 SHEPARD PLACE  
City-State-Zip: WELLINGTON FL 33414

*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:** SAMANTHA BLAKENEY

**PRESIDENT**

**03/22/2024**

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

\_\_\_\_\_ Date